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ABSTRACT

Volume III of the National Day Care Study First Annual Report funded by the Office of Child Development describes the information management system which was developed and tested during Phase I. In addition, the volume includes overviews of the sample instruments from the three major data collection systems developed during the year: the Research Program Information System; the Research Cost Accounting System; and the Parent Measures. Interview questionnaires, day care record forms, financial worksheets and measures of parent background attitudes are among the items included. The NDCS, being conducted over a period of three years, is designed to answer major policy questions about federally funded day care centers and the children they serve. Appendices include the Telephone Survey and the Spring Baseline Survey. (MS)

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First Annual Report

Volume 3

INFORMATION MANAGEMENT
and
DATA COLLECTION SYSTEMS

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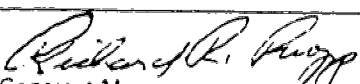


 Contract Manager	 Quality Control Reviewer	 Management Reviewer
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INTRODUCTION

Volume III of the National Day Care Study First Annual Report describes the Information Management System which was developed and tested during Phase I. In addition, the volume includes overviews of and sample instruments from the three major data collection systems which were developed during the year: The Research Program Information System, the Research Cost Accounting System and Parent Measures. Instruments which were used during Phase I -- the Telephone Survey and the Spring Baseline Survey -- are included in the Appendix.

I. THE INFORMATION MANAGEMENT SYSTEM

1.0 Introduction

This section of Volume III describes both the design and the operational aspects of the Information Management System (IMS) which has been developed for the National Day Care Study. Three primary areas are addressed:

- the organization of the data reduction process (1.1),
- data flow and quality control procedures (1.2), and
- the technical development of the computerized portion of the system (1.3).

The system is responsible for processing all data to be collected during the course of the study, beginning with the pre-coding of instruments and continuing through quality control procedures, data reduction, computerized file manipulation, statistical analysis, and report generation. To accommodate the great variety of data currently being collected, four levels of files -- center, classroom, staff, and child -- have been organized and linked to be accessed efficiently. Software, in addition, has been developed to validate the data, maintain the files, generate required reports and extract data for statistical analyses, primarily through the Statistical Package for the Social Sciences (SPSS). In addition, a data reduction effort has been organized to provide systematic data coding and filing procedures, and a data management system has been developed to insure quality control for all data collection procedures.

1.1 Data Reduction

During Phase I, a comprehensive data reduction effort was designed to convert raw data to a computerizable format. The process began with an investigation into alternative methods of data reduction. Basically, two methods were considered:

- manual coding and keypunching, and
- optical scanning techniques.

Both of these methods require the pre-coding and formatting of instruments before the data are collected. To use optical scanning, an instrument must be pre-coded, formatted, and printed as required by the equipment, and special software must be developed to translate the marked responses into analyzable data. Since this development is expensive and can be modified only at an additional cost, optical scanning is normally recommended only when the number of cases (forms) to be processed merits the initial investment (usually at least 3000 forms) and when it is reasonably certain that instrument changes will not be required after the process begins. The actual reduction process, however, is faster, more accurate and more easily managed than manual coding and keypunching.

With manual coding and keypunching, special forms need not be printed and no software development is required to convert the responses to analyzable data. The data, however, must be keypunched and, depending on the complexity of the data and the formatting of the instrument, coding may be required. Both of the processes require human intervention and take longer than optical scanning. When the number of cases to be reduced is small (under 3000, for most purposes), this additional cost is far less than the cost of more sophisticated methods. In addition, if instruments are being developed or systems tested, the manual data reduction process is more flexible and less costly. Thus, the selection of the data reduction technique depends upon both the nature and the scope of the particular task. Since in the National Day Care Study ongoing data collection systems are being implemented and tested during Phase II, it was decided to use manual coding techniques for all Program, Cost, Parent Interview and child test data. Child observation data, however, is being collected by SRI in an optically scannable format, and hence is reduced using optical scanning techniques.

Since all computerizable data being collected by Abt Associates are being manually coded and keypunched, IMS has been involved in instrument development. Before an instrument was finalized, but after the initial development stage, it was reviewed by IMS personnel for coding problems and suggested formatting to facilitate data reduction. After the instrument was developed, but before final typing began, it was pre-coded to give consistent numerical codes to the various responses. In general, the following coding practices were observed:

- At least two card columns were allowed for each response so that "missing data" could be coded as negative numbers (-1 = missing, skipped or uncodable data, -2 = don't know, -3 = refused to answer, -4 = data error not yet corrected). The only exception was for questions which specify to 'check all that apply.' This uniform specification for all items will greatly facilitate data analysis, especially through SPSS.
 - Columns 77 and 78 were used to record a data set number identifying the instrument and columns 79-80 were reserved to record the card number.
 - The following columns were reserved to enter a system's ID:
 - site ID -- columns 1-2
 - center ID -- columns 1-5
 - staff, classroom, child ID -- columns 1-7
- A non-computerized intermediate ID (Alpha code) and pointers to higher level data (center staff, classroom etc.) will be entered in subsequent columns as appropriate.
- Insofar as possible, consistent coding schemes were maintained across instruments. For example, the response 'yes' was always coded '1' and the response 'no' always coded '2.' Other responses for which consistent codes were maintained include sex, race, education, job, etc. Staff checked previous instruments to ensure consistency.

As data are collected, the completed instruments are returned to IMS so that the appropriate site/center/classroom/staff/child system's ID may be determined and coded onto the instrument. The instruments then are sent to the data reduction staff for review. Child and class observation data being collected by SRI are assigned system's ID as specified by IMS and are reduced using optical scanning techniques. Data tapes and corresponding documentation then are forwarded to IMS.

All manual data reduction is coordinated by IMS. For certain less complicated instruments, it may be advisable to keypunch the data without first transferring it to coding sheets, thereby eliminating both the errors which may be introduced in coding and the additional coding costs. If direct keypunching is used, however, all forms are first reviewed for missing or confusing data. The cost of this review, plus the increased keypunching cost (since the efficiency of the keypuncher is somewhat decreased), may nearly offset the cost of coding. If the data collection instrument is fairly complicated, with open-ended questions, complicated data matrices or multi-level data, the responses are transferred to coding sheets by trained coders before keypunching. The coding process is facilitated by using specially designed coding sheets for each instrument with individual item definitions and pre-coded responses such as card sequence number and zero-filled columns which should be skipped. At a minimum, a 5 percent sample of each coder's output is reviewed for quality control so that the coder can be informed about any errors which are systematically being introduced.

After the data reduction process has been completed, all instruments are filed by site, center, and system's ID and stored so as to be easily retrieved for possible error checks, study of open-ended questions or additional respondent notations. Even though all names are detached from the instruments, both instrument files and the data storage room are kept locked to further ensure confidentiality.

1.2 Data Management Procedures

1.2.1 Processing Abt Data

Five types of data are being collected during the course of the National Day Care Study: program data (RPIS), cost data (RCAS), parent attitudinal data (Parent Measures), descriptive case study data, and child outcome/classroom process data. To ensure that accurate and complete information is obtained for analysis purposes, a detailed system of data flow and quality control has been developed. Figure 1.1 summarizes the overall data flow system. A more detailed description is given below.

• RPIS/RCAS Data Flow

The Center Secretary is responsible for obtaining certain cost data and all program data except the baseline interview with the Center Director and the Lead Teachers. This interview is administered by the Site Coordinator and the Data Coordinator. Instruments for the week are logged in the Weekly Center Reports Control Sheet (Exhibit 1.1) and brought

Exhibit 1.1

Name of Center _____

Week Ending _____

Weekly Center Reports Control Sheet

REPORT TITLE	Center Secretary		Data Coordinator			Deputy Dir. Data Mgmt.		
	Name		Name			Name		
	None	# Sent	# Rec'd	# Sent	# of Addit. Info. Req'd	# Rec'd	# Sent	# of Addit. Info. Req'd
A. Daily Record of Child & Staff Absences	_____	_____	_____	_____	_____	_____	_____	_____
B. Record of Replacement & Enrichment Staff	_____	_____	_____	_____	_____	_____	_____	_____
C. New Child Intake Record	_____	_____	_____	_____	_____	_____	_____	_____
D. New Staff Intake Record	_____	_____	_____	_____	_____	_____	_____	_____
E. Child Termination Record	_____	_____	_____	_____	_____	_____	_____	_____
F. Staff Termination Record	_____	_____	_____	_____	_____	_____	_____	_____
G. In-Center Child Transfer Record	_____	_____	_____	_____	_____	_____	_____	_____
H. In-Center Staff Transfer Record	_____	_____	_____	_____	_____	_____	_____	_____

Continuation of Exhibit 1.1

Name of Center _____

Exhibit 1.1 a

Week Ending _____

Weekly Center Reports Control Sheet

REPORT TITLE	Center Secretary Name _____		Data Coordinator Name _____			Deputy Dir. Data Mgmt Name _____		
	None	# Sent	# Rec'd	# Sent	# of Addit. Info. Req's	# Rec'd	# Sent to DMS	# of Addit. Info. Req's
I. Child Change of Schedule Report	_____	_____	_____	_____	_____	_____	_____	_____
J. Staff Change of Schedule Report	_____	_____	_____	_____	_____	_____	_____	_____
K. Child & Family Service and Parent Participation	_____	_____	_____	_____	_____	_____	_____	_____
L. Visitor Log	_____	_____	_____	_____	_____	_____	_____	_____
M. Field Trip Record	_____	_____	_____	_____	_____	_____	_____	_____
N. Staff Meeting/Training Record	_____	_____	_____	_____	_____	_____	_____	_____
O. Staff Background	_____	_____	_____	_____	_____	_____	_____	_____

with the Control Sheet to the site offices for the weekly staff meeting. Each instrument has a space where the Center Secretary records who provided each type of information and when. The site Data Coordinator views all data for completeness and accuracy. Any errors which are detected are noted on an Additional Information Request Form (Exhibit 1.2, Page 9) and sent to the Center Secretary immediately. An appropriate response is then included in the next week's data report or sent to the site office earlier if the site Data Coordinator so requests.

The site Data Coordinator sends data to the Deputy Director for Data Management in Cambridge. Even if all data have not been received from centers, or if there are outstanding Additional Information Request Forms, data on hand are sent to Cambridge. Instruments which are incomplete or inaccurate are retained at the site level, however, until they are complete. The Weekly Center Reports Control Sheet then documents that the number of forms forwarded is less than those received. It also records the number of Additional Information Request Forms still requiring action. Copies of these forms are attached to the Control Sheet. If the number

DATA FLOW

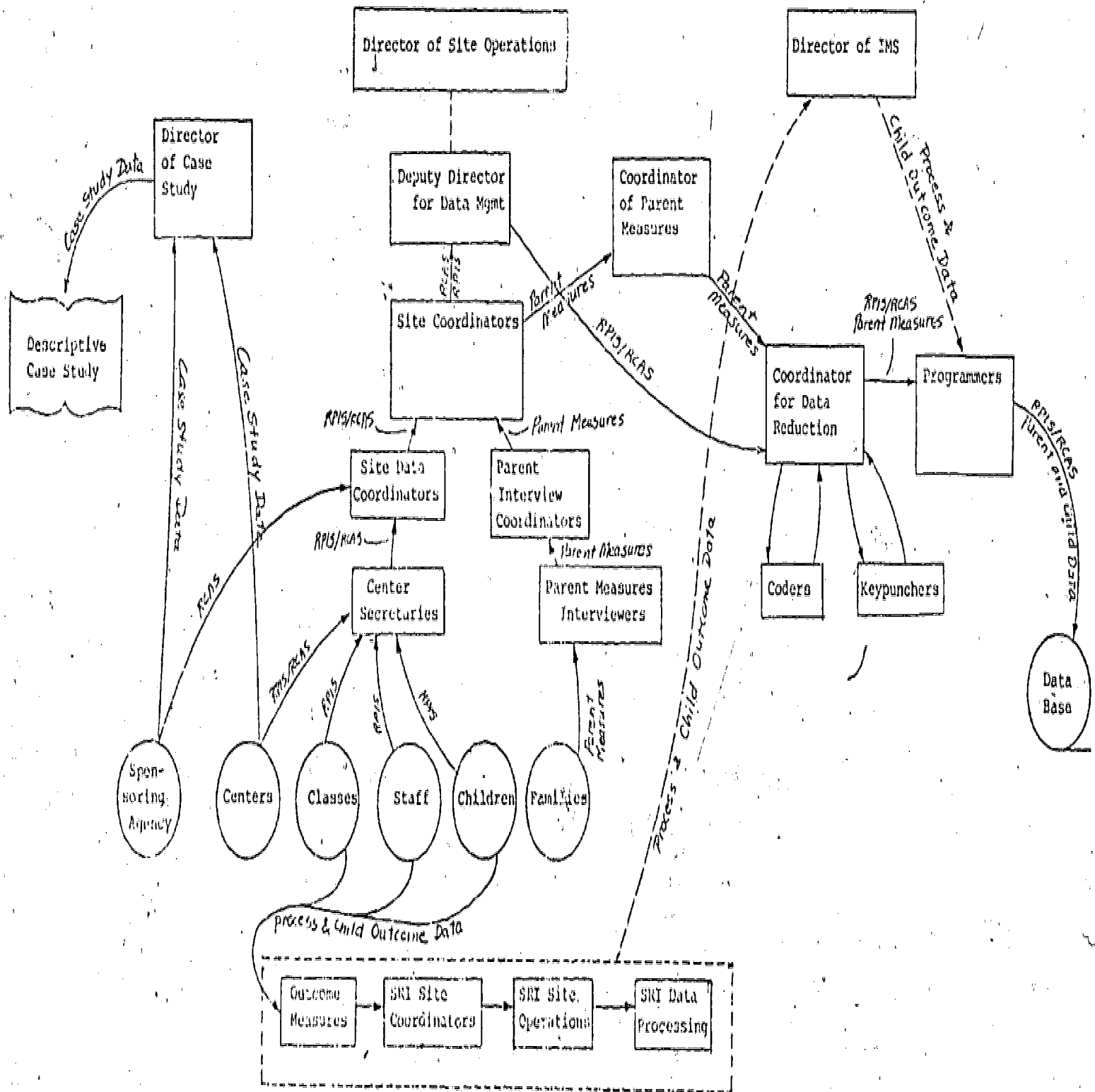


Figure 1.1

Exhibit 1.2

ADDITIONAL INFORMATION REQUEST

TO: _____ DATE: 5/1/75

FROM: _____ CONCERNING INFORMATION FOR WEEK
OF 4/28/75

STATEMENT OF PROBLEM: Number of children leaving the center
this week seems unusually high.

PLEASE ADD, CHANGE OR CLARIFY INFORMATION BY 5/8
date

DATE: 5/5

ADDITIONAL INFORMATION: Western Electric is converting equipment
and will gradually be laying off 1/3 of employees

FURTHER COMMENTS OR INFORMATION: This situation will continue
through 6/15.

CENTER SECRETARY SIGNATURE _____

of forms received in Cambridge does not correspond exactly to the number indicated in the accompanying log or if expected forms have not been logged in and sent, an Additional Information Request Form is sent to the site Data Coordinator.

Once data receipt has been verified by the Deputy Director for Data Management, all forms are forwarded to the Coordinator for Data Reduction for coding and keypunching. Punched cards are counted to insure that all forms received in Cambridge have been reduced. The data are then entered into the computerized data base system, where both range and internal consistency checks are performed. Any errors detected are recorded

through a Computer Generated Error Message (Exhibit 1.3) and sent to the Coordinator for Data Reduction for resolution. If the reported error exists on the data form sent from the field, a Data Clarification Request (Exhibit 1.4, on next page) is initiated and sent to the Deputy Director for Data Management, who forwards the request to the site Data Coordinator for resolution with the Center Secretary. Corrected data are entered on the Data Clarification Request form and returned to the Data Coordinator within two days. All corrections are reviewed and sent back to the Deputy Director for Data Management within a week. The Deputy Director for Data Management records all Data Clarification forms which are both sent and received and notifies the site Data Coordinator if all errors have not been resolved within ten days. Corrected values are sent to the Coordinator for Data Reduction for coding, keypunching, and computerization. Figure 1.2 (page 12) illustrates the RPIS/RCAS data flow as described above.

Exhibit 1.3

COMPUTER GENERATED ERROR MESSAGE

RECORD NUMBER	IDENTIFICATION NUMBER	VARIABLE NAME	POSITION FROM	TO	DEFAULT VALUE	VALUE FOUND
3	4	AGE	9	7	-3.000000	3.3.1
4	4	THREE	8	10	-3.000000	1.4
5	4	FOUR	11	13	-3.000000	1.5
6	4	FIVE	3	7	-3.000000	3.0.1
7	4	SIX	8	10	-3.000000	1.4
8	4	SEVEN	11	13	-3.000000	1.5
9	4	EIGHT	15	18	-3.000000	1.5
10	4	NINE	17	20	-3.000000	1.5

1 RECORDING HEAD
 2 RECORDING HEAD
 3 TOTAL RECORDS

Exhibit 1.4

DATA CLASSIFICATION

TO:

FROM:

DATE: _____
RETURN BY: _____
date: _____

CONCERNING CENTER: _____
name: _____

Some information concerning this day care center seems incomplete or different from what has been reported by the center in the past.

FORM	ADDITIONAL IDENTIFYING INFORMATION	ITEM NAME	REPORTED INFORMATION	CORRECT INFORMATION	STATEMENT OF PROBLEM	COMMENTS
5/11/84	May Jones	Exp. Dug	2 yrs	2 yr	There are (summed)	- no comment -
		Exp. C. W. Push	2 yrs	3 yrs	45. What's the story be?	
		Total	5 yrs	5 yrs		

CENTER SECRETARY SIGNATURE _____

DATA ORIGINATOR SIGNATURE _____

RPIS DATA AND QUALITY CONTROL FLOW



- Parent Measures Data Flow

Parents of all three- and four-year olds who are being tested during the study will be interviewed in September and in April by locally hired and trained interviewers. Data from these interviews are monitored and reviewed by a site Parent Interview Coordinator under the supervision of the Site Coordinator. All interviews are checked for completeness, accuracy and legibility, and any problems which are detected at this time are resolved with interviewers before data are sent to the Coordinator of Parent Measures in Cambridge. As data are received in Cambridge, they are reviewed both for accuracy and for reasonableness before going to the IMS Coordinator for Data Reduction for coding, keypunching and entry into the data base. Reports of any errors generated in the field are sent to the Coordinator of Parent Measures, who forwards reports to the site Parent Interview Coordinator for resolution with individual interviewers if necessary. Figure 1.3 on the next page illustrates Parent Measures data flow.

- Case Study Data Flow

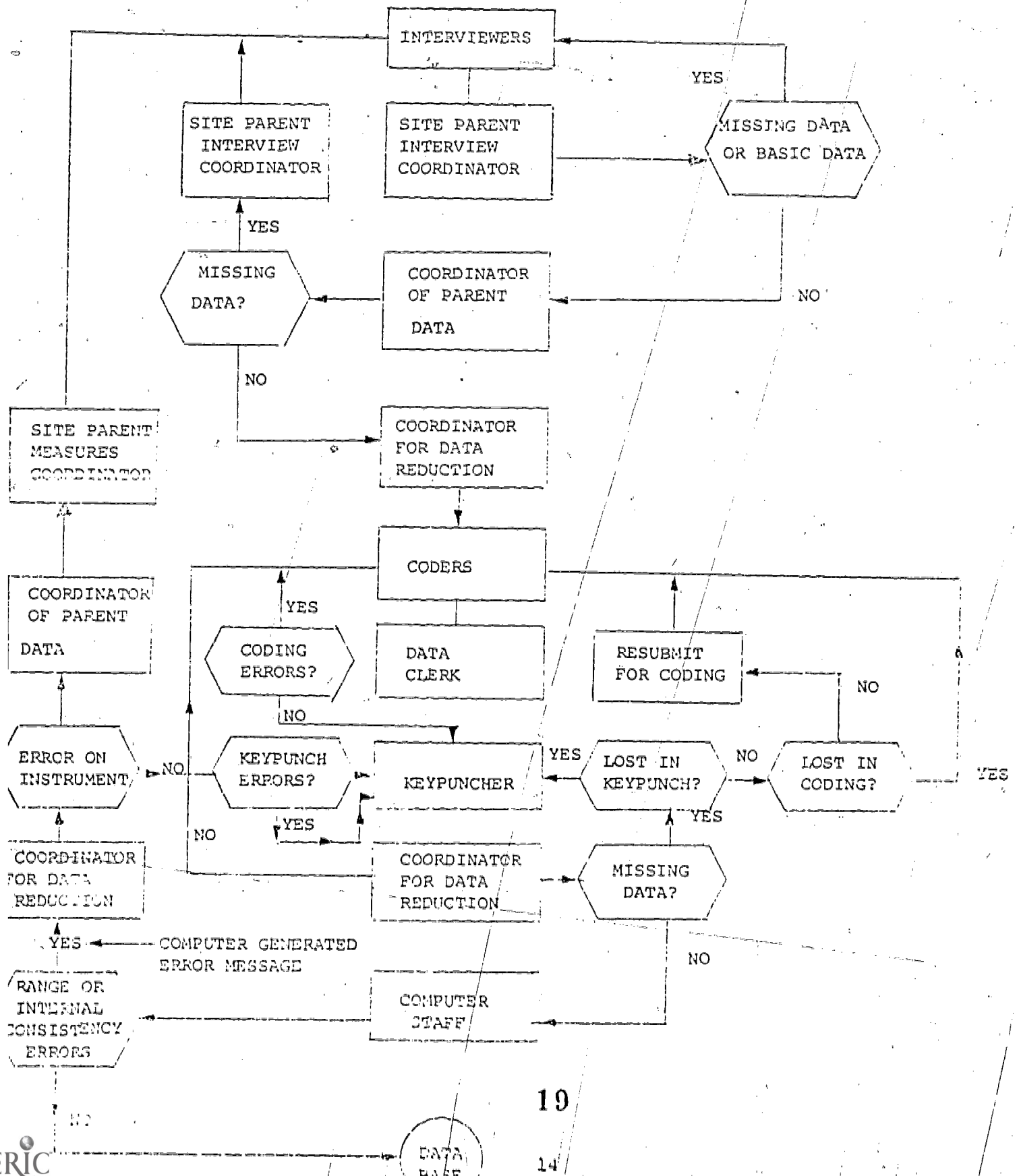
Information for the Center Level Case Study is sent by the Site Coordinator to the Case Study Director in Cambridge. Since most of the data are descriptive, it is not necessary, in general, to reduce and analyze the data through the IMS group. Should it be desirable to computerize portions of the interview data, for example, forms will be sent to the Coordinator for Data Reduction for coding and keypunching.

- Quality Control Monitoring

In addition to insuring that complete and accurate data are collected, the Data Management System incorporates an ongoing quality control system, which monitors the performance of each Center Secretary. Site Data Coordinators are responsible for this process and use two ongoing systems, the Event Log and Quality Control Profile, as well as periodic, in-center visits. The results of the quality control monitoring are included in the site Data Coordinator's monthly report.

Figure 1.3

PARENT MEASURES DATA AND QUALITY CONTROL FLOW



- Quality Control Profile: The second ongoing system is the Quality Control Profile (Exhibit 1.6, on next page) which portrays data collection performance for each Center Secretary on a monthly basis. The log is divided into four blocks, with each block corresponding to one week in the monthly cycle of data collection. The upper half of the form shows a grid where total data errors for each week are plotted. From week to week, the plotted points are joined, thus creating a picture of data quality. As data errors decrease, the line falls. If, however, more errors are made, the graphed line

Name of Data Coordinator _____

Event Log

[illegible]

Name of Center _____

Name of Center Secy. _____

risers. The lower half of the form is a block where information on individual errors is noted by form, error type, and number of errors. Form numbers are given on the Comprehensive List of Forms and error types on the Comprehensive List of Errors (Exhibits 1.7 and 1.8, next page). Since the quality control monitoring process does not end until data become part of the computerized data base, the Quality Control Log is maintained in pencil. Thus, site Data Coordinators can change graph points to accommodate any errors found in the review of data by the Deputy Director for Data Management and any errors found in the computer quality checks.

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Exhibit 1.7

COMPREHENSIVE LIST OF FORMS

1. Daily Record of Child & Staff Absences
2. Record of Replacement & Enrichment Staff
3. New Child Intake Record
4. New Staff Intake Record
5. Child Termination Record
6. Staff Termination Record
7. In-Center Staff Transfer Record
8. In-Center Child Transfer Record
9. Child Change of Schedule Report
10. Staff Change of Schedule Report
11. Visitors Log
12. Weekly Child & Family Service Report
13. Field Trip Record
14. Staff Services Record
15. Program Exception Record
16. Staff Background
17. Inventory of Accounts
18. Statement of Current Income
19. Statement of Current Operating Expenses
20. Worksheet for Services Donated by Volunteers
21. Worksheet for Services Donated by Professionals
22. Worksheet for Donated Land, Buildings, Supplies, Equipment
23. Depreciation Worksheet

Exhibit 1.8

Comprehensive List of Errors

1. Proper procedures not followed
 - a. date form completed and who completed by are illegible, omitted, inaccurate.
 - b. Skip instructions not followed
2. Code missing
3. Code in error

Center code digits do not indicate a center, or do not indicate a center in that site, child code is entered in staff code space; target class code is entered in non-target class boxes.
4. Data missing
5. Data inaccurate

Total Hours listed differ from sum of Number of Hours categories; a replacement will not be hired but a date is given for expected date of hire; only it is checked for a child who should be specified as black or white; enrichment staff is entered as Paid and Volunteer
6. Improper descriptors

Reasons for changing codes conflict with written reasons; comments about reason for change relate to another reason than the one checked; specific position does not relate to fields listed in Staff Background; service descriptor does not match service type on Child Family Service Record.
7. Narrative omitted where required

Narrative description of service on Child and Family Service record omitted.

Inquiry on Forms Use

Even after thorough training, center and site staff members discover situations in the day care centers which are difficult to record on RPIS/RCAS forms. Since consistency in data collection and reporting is crucial to the success of the National Day Care Study, it is important that local staff not make on-the-spot judgments regarding the reporting of unclear situations. When a Center Secretary does not know how to handle an event or interpret an item, she contacts the Data Coordinator, either by phone or through a memo. The Data Coordinator logs all such inquiries in the Inquiry Log (Exhibit 1.9) together with the response that was made based on review of the training materials. If no clear-cut answer is found in the materials, the question is referred to the Deputy Director for Data Management. The entire Inquiry Log is submitted weekly to the Deputy Director for Data Management, who reviews decisions for their validity and consistency.

Exhibit 1.9

INQUIRY LOG

[illegible]

"From: Sir (b) (6) and Deputy Director Site ops: The Training Manuals

tency and resolves any situations which remain unclear. If the Data Coordinator believes that the question needs an immediate response, the Deputy Director for Data Management is phoned for a response. Any telephone contact is followed up in writing by the Deputy Director for Data Management, summarizing both the inquiry and the response made.

Every week, the Deputy Director for Data Management issues memoranda with RPIS/FCAS clarifications. These memoranda are reviewed with Center Secretaries during their weekly meetings. Copies of the memoranda are also given to each Center Secretary. The Data Coordinator who received the inquiry should carefully discuss the response with the Center Secretary who initiated it. Separate memoranda are written for questions about each form and numbered sequentially -- for example, "Clarification/Staff Meeting and Training Records, Number 1." This organization permits the memoranda to be inserted in the RPIS/RCAS instruction manual as permanent information on data reporting. The flow of inquiries on the use of forms is shown in Figure 1.4 on the next page.

1.2.2 Processing SRI Data

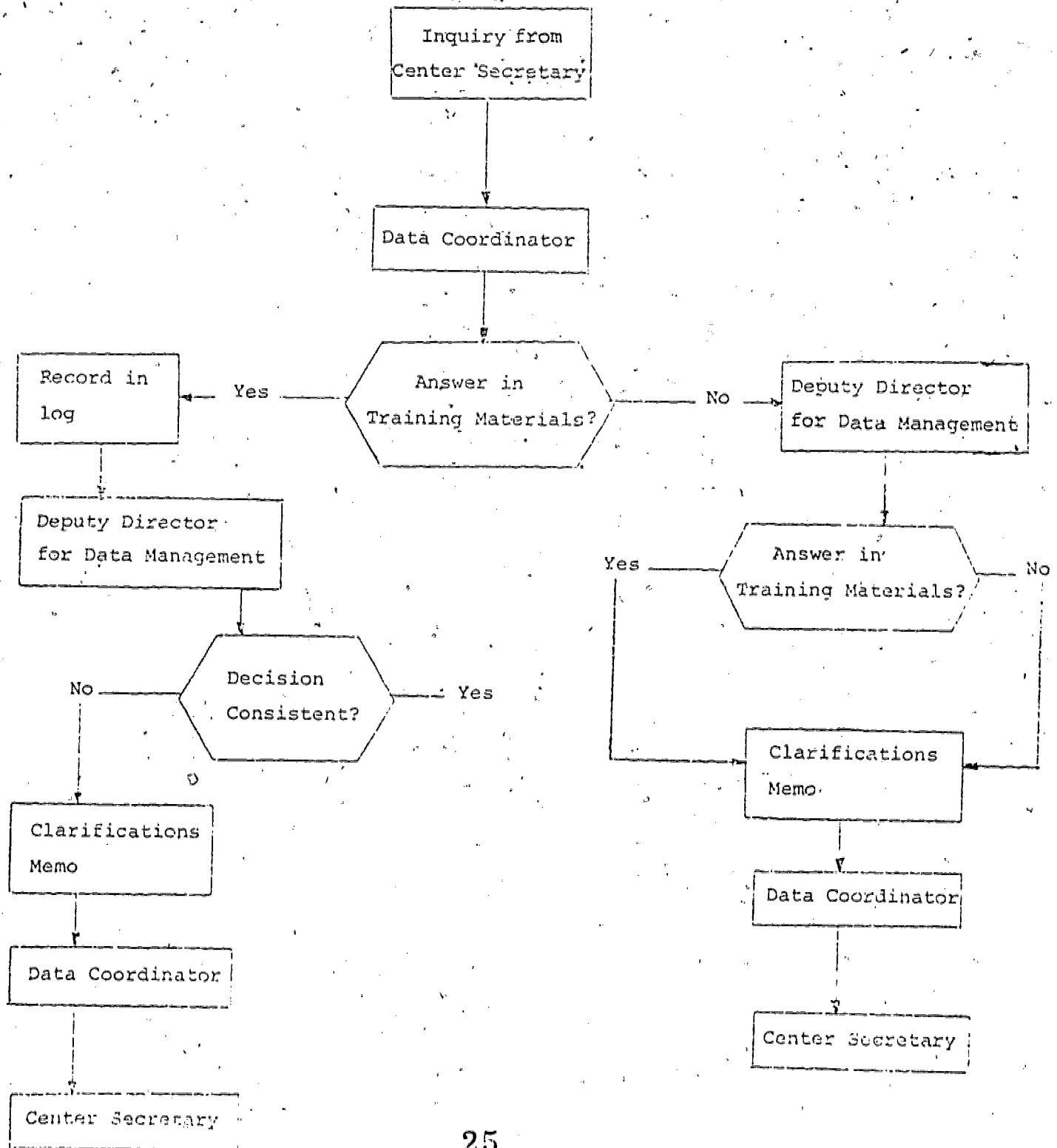
Classroom observation and child test data are collected by the Stanford Research Institute (SRI) twice each year, in October and in May. Since Abt Associates has not been involved in the development of testing procedures, only the procedures for delivering test data to Abt Associates for analysis are outlined in this section. Documentation of SRI instruments and testing procedures can be found in SRI Deliverable #4 (September 17, 1975).

• Data Reduction

SRI is responsible for providing Abt Associates with magnetic tapes containing representation of all SRI observation items plus coding manuals, tape documentation, and copies of the raw protocols. All coding decisions are made by the SRI data reduction staff. Since the Prescott Child Observation Instrument and SRI Classroom Observation Instrument have been designed for data reduction using optical scanning techniques, arrangements have been made by SRI with an outside firm to effect the data reduction for that instrument. Reduction of all other test data will be done by Abt Associates coders and keypunchers under the supervision of the Coordinator for Data Reduction. The Director of IMS will be responsible for specifying all data transfer procedures and delivery schedules. Any communications about SRI data are made through her.

Figure 1.4

RPIS/RCAS Flow of Inquiry on Forms Use



- Scoring Observation and Test Data

In order to insure complete flexibility of child data analysis, all test data scoring is specified by Abt Associates' staff using the coding manuals and documentation supplied by SRI. Individual scoring routines will be written by the Abt programming staff under the supervision of the Director of IMS. If feasible, SRI will provide the Abt staff with relevant scoring routines which have been developed and used by SRI so that there is minimal duplication of effort. The Associate Project Director will be responsible for communicating with SRI about all test scoring.

- Error Resolution

SRI is responsible for providing preliminary edit checks of all observation and test data and for correcting any errors which are detected. The Abt IMS staff validates SRI data and performs internal consistency checks where possible. Any errors which may be found after data have been sent to Abt are resolved by Abt staff, insofar as possible, using the raw protocols supplied by SRI. The Director of IMS informs SRI about any errors found in SRI data so that SRI can verify the errors. Only verified errors are corrected on the Abt data base. If it is not possible to resolve an error by referencing the raw protocols, SRI may contact individual testers if both organizations feel that such action is necessary.

1.2.3 Confidentiality:

Since the analysis requirements and the data collection procedures for the National Day Care Study involve the monthly collection of data on centers, classrooms, staff and children, plus pre/post testing of parents and children, it is absolutely critical that ID's be accurately assigned. If confidentiality were not an issue, the recommended identification procedure would be the use of individuals' names on each data collection instrument or form and the coding of that name into the computerized record for easy visual cross-checking. Since this procedure might constitute an invasion of privacy, an alternative method has been developed which enables coders to link record segments accurately.

Center Secretaries, testers, and interviewers are provided with a Master Code list containing first name, last name, birthplace, and sex for every person for whom data are collected. From this information, an Alphacode is developed as follows:

- code last and first letter of first name
- code last and first letter of last name
- code sex where 1 = male, 2 = female
- code birthday - month, day

For example, if Mary Smith were born on May 29, her Alphacode would be YMHS20529. Using the Alphacode, Cambridge staff assign a unique seven digit system as follows:

- first two digits - site code:
 - 01 = Atlanta
 - 02 = Detroit
 - 03 = Seattle
- next two digits - center code:
 - 01-39 in Atlanta
 - 40-59 in Detroit
 - 60-79 in Seattle
- fifth digit - record code:
 - 1 = center level, no cost data
 - 2 = center level, cost data
 - 3 = three-year-old child data
 - 4 = four-year-old child data
 - 5 = classroom data
 - 6 = student data
 - 7 = three-year-old parent data
 - 8 = four-year-old parent data
 - 9 = parent data for parents with more than one child in study
- last two digits - sequence within level.

Since there is no sequence necessary for center level data, the last two digits are not assigned to center records. The correct Alphacode is also written on this list to facilitate the coding process. To enable coders to assign site and center codes, each form or test is identified at the center with the site name and center name.

Using the Master Code lists, trained coders in Cambridge can easily locate each individual on the list and assign the corresponding system's ID. Both IDs are keypunched for cross-reference purposes, but only the system's ID is computerized. It should be noted that the computerized data base system cannot accept alphanumeric information, so it is impossible to include the Alphacode on the data base.

Since the Master list in the center contains no ID numbers, it is not necessary to keep it in a secure place. The Master Code list maintained in Cambridge, however, contains name, Alphacode, and system's ID and hence is kept locked in a secure file with access only to authorized persons.

Permission is obtained from all individuals prior to collecting any personal data. In the case of study parents and children, this is in the form of signed approval of parents for both their participation in parent interviews and the participation of their children in the study.

All analyses are conducted on an aggregated basis at the child, classroom, and center level and are not reported in any way that identifies individuals. Members of the analysis staff do not have access to the Master code list and, in fact, are specifically prohibited from such access. No member of a day care center staff or parent may have access to the data.

1.3 The Computerized System

1.3.1 The AIMS' Data Base System

Although the National Day Care Study (NDCS) Information Management System is responsible for the data reduction process and the data management procedures such as the filing of raw data protocols and the monitoring of data correction requests, the primary function of the system is to computerize the information collected from day care centers and to provide computer analyses of the data as required. In order to provide flexible and cost-effective computer support, a modular data base system, AIMS (Abt Information Management System), has been developed to handle the basic data checks, file manipulations, and updating procedures. In addition, a number of special programs have been written to facilitate specific and/or more complex data needs. This section of Volume III describes both the AIMS data base system and the special programs which have been developed.

Before describing actual program development, however, it is important to review certain basic design decisions which were made. The first decision involved the choice of a computer system. For reasons of cost, ease of analysis, and convenience, the decision was made last spring, before the contract was signed, to use the CDC 6400 computer system at the Smithsonian Astrophysical Observatory (SAO) for data base generation and analyses. Given that decision, we have attempted to design a data base system which will operate as efficiently as possible within that environment. Since the SAO system "rewards" efficient CPU usage in its charging algorithm, a number of compass assembler language subroutines have been developed to utilize the system in the most optimal manner possible. These routines are backed up with more general FORTRAN routines so that in the event of a systems' failure at a critical time, the programs can be transferred to the CDC 6600 in Waltham.

Because the SAO computer has an available core memory of only 150K, programs which use only a small amount of core storage (in general, under 70K) are processed more quickly. Hence, the NDCS data base system has been designed in a series of modules which require no more than 70K to run. To accomplish this storage level, overlay structures and temporary disk storage are used as needed.

Since many of the statistical analyses required by the NDCS research staff will be done using SPSS, the data base system has been designed to interface as optimally as possible with that analysis package. This involves maintaining single level binary files which can be input directly to SPSS (with the generation of appropriate control cards) and using SPSS to compute certain more complex, new variables which will update the data base. Software has been developed to extract data across files and build a single-level binary file for input into SPSS. Since SPSS can handle no more than 1,000 variables in a run, the data base files are limited to 1,000 variables each. When this limit is reached on one file, a second file will be started following a logical break in data collection. Later in the project, if volume of data increases sufficiently it may be advisable to pack the data, thereby eliminating direct access to SPSS but increasing data processing efficiency.

The original proposed plan described a data base system containing several single-level files with fixed length records plus a directory with variable names, range specifications and data element locations defined. Following these specifications, the AIMS data base system consists of a directory, an audit file, four levels of data files, and a set of FORTRAN and COMPASS subroutines linked together by a control program.

The master directory defines the variable names for all existing data elements. In addition to the variable name, in alphabetic order, the directory also contains a variable label which provides a narrative description of the variable, two location pointers, one for the file name and one for the relative position of the variable within each record, minimum and maximum range values for editing input data, and a flag (level indication) which indicates whether the variable points to records in other files. Master directory file contents are used to provide data quality control parameters and to identify uniquely each variable in the system.

The audit file contains the symbolic name of each file, the corresponding file number, the tape label, creation date, number of variables per record, and a transaction code indicating how the tape was created. The audit file provides a record of activity for data base operations and also points to the most recent data base tapes. Audit file contents are used by

the data base programs for both information and validation purposes.

Data contained within the master directory and audit file constitute a form of internal systems documentation. Data base programs access the directory and audit files prior to processing the data files. Invalid or redundant variable names are flagged and rejected prior to attempting a data base update, as are data elements whose values do not fall within the specified range. In addition, the file contents are printed in a standardized format at appropriate checkpoints, thus forming the basis for an external system of documentation. Master directory reports provide technical staff and analysts with the equivalent of a data element dictionary, necessary for accurate communication regarding report generation and statistical analysis. Audit file content provides an historical record of update activity and, in conjunction with archived update data, provides a backup system by outlining the steps to follow in running the appropriate updates against previous data files to regenerate files.

Taken together, the master directory and audit file contents provide the information necessary for locating and identifying the contents of the data files. Data files contain information by "level." At the present time, there are four levels of files which are defined for the NDCS.

- Center - containing information about center operations, center equipment, center budget, center services, etc. This file combines data from the RCAS and the RPIS. Because of the data manipulations to be made from RCAS data, the center level file is split into two subfiles each with 1,000 variables: one file for the RPIS and one for the RCAS. Both files are accessed through two keys, a site key, defined above, and a center key:
 - 01 to 39 for Atlanta
 - 40 to 59 for Detroit
 - 60 to 79 for Seattle
- Classroom - containing information about classrooms with three- and four-year olds, including child attendance data, staff schedules, activity data, composition data (race, sex, age), and other data which characterize the classroom unit. The file is accessed through three keys -- the site and center keys defined above and a two digit classroom key assigned sequentially within each center beginning with 01. If a classroom is redefined during the course of the study, a new, unique classroom key will be assigned.

- Staff - containing staff background information, staff attendance and transfer data, and any other data pertaining to individual staff members. Three keys are used to access the file: site and center keys described above and a unique two-digit staff key assigned sequentially within center.
- Child - combining three subfiles:
 - child process data, collected for all children in target classrooms. The data include basic demographic absences, services, schedules, etc.
 - child test data, collected for all "target" children (children born between 12/1/70 and 12/1/72 who regularly attend the center at least seven hours a day, at least four days a week) for whom parental permission for testing was obtained.
 - parent interview data, collected from parents of target children.

Each subfile is accessed through three keys: site and center keys described above and a unique three-digit child key assigned sequentially within center. Both the staff file and all child subfiles also contain a pointer to the current classroom and a history of previous classrooms, thereby linking caregiver with child.

Records within each file contain pointers to link them with the appropriate records in files at a higher level. Each record within a given file consists of an identification field, pointers to higher level data and a maximum of 1,000 data points. Working files, combining selected data across files, will be created as analysis requests demand to supplement the data base files.

The AIMS data base provides the capability of creating new files, adding records to a file, deleting records, adding new variables, deleting variables, changing existing data values, extracting and merging variables across files, pre-editing input data and calculating new variables. All routines access the data base through procedure and variable name declaration. All update functions access the master directory before accessing the data files, thereby eliminating possible errors resulting from duplicate names, invalid key declarations, etc. Identification fields and pointers are used to access and link records when updates are performed and to link records across files, thereby providing a means of merging data from several files into a single-level file structure accessible to statistical analysis programs such as SPSS.

The basic orientation towards data organization and program development has emphasized flexibility and modularity. Initial program development concentrated on defining the necessary modules and writing, testing, and implementing these modules. At the present time, the data management system consists of a control program (main-line), 11 procedural subroutines to perform the basic operations noted above, and 12 utility subroutines used by both the control program and the procedural subroutines. The procedural subroutines are used by the main-line program to implement the procedural commands specified as input. The various subroutines and the control program are listed in Tables 1.1 and 1.2. (pages 29 and 30). General Systems Flow is indicated in Figure 1.5 (page 31).

All programs include extensive internal documentation through the use of comment cards associated with the appropriate sections within the programs. Data storage is made available to the various modules through the use of FORTRAN 'Common' statements. Necessary error parameters are passed through sub-program argument lists to the control program. The internal program documentation is a complement to the internal data base documentation. In addition to the internal documentation, each program is documented on a standardized form which has been incorporated into a documentation manual. This manual complements the periodic reports on the master, audit, and data file contents, and will be updated as changes are made to the programs.

As more data become available and the pattern of data base growth becomes more apparent, it will be necessary to expand the capabilities of the data base system. The modular structure of the package will make expansion easier than if a monolithic approach had been adopted. In addition, if the volume of data expands beyond present expectations, it will be possible to employ data packing algorithms and faster access methods (e.g., an inverted file structure) to reduce storage requirements and improve processing time.

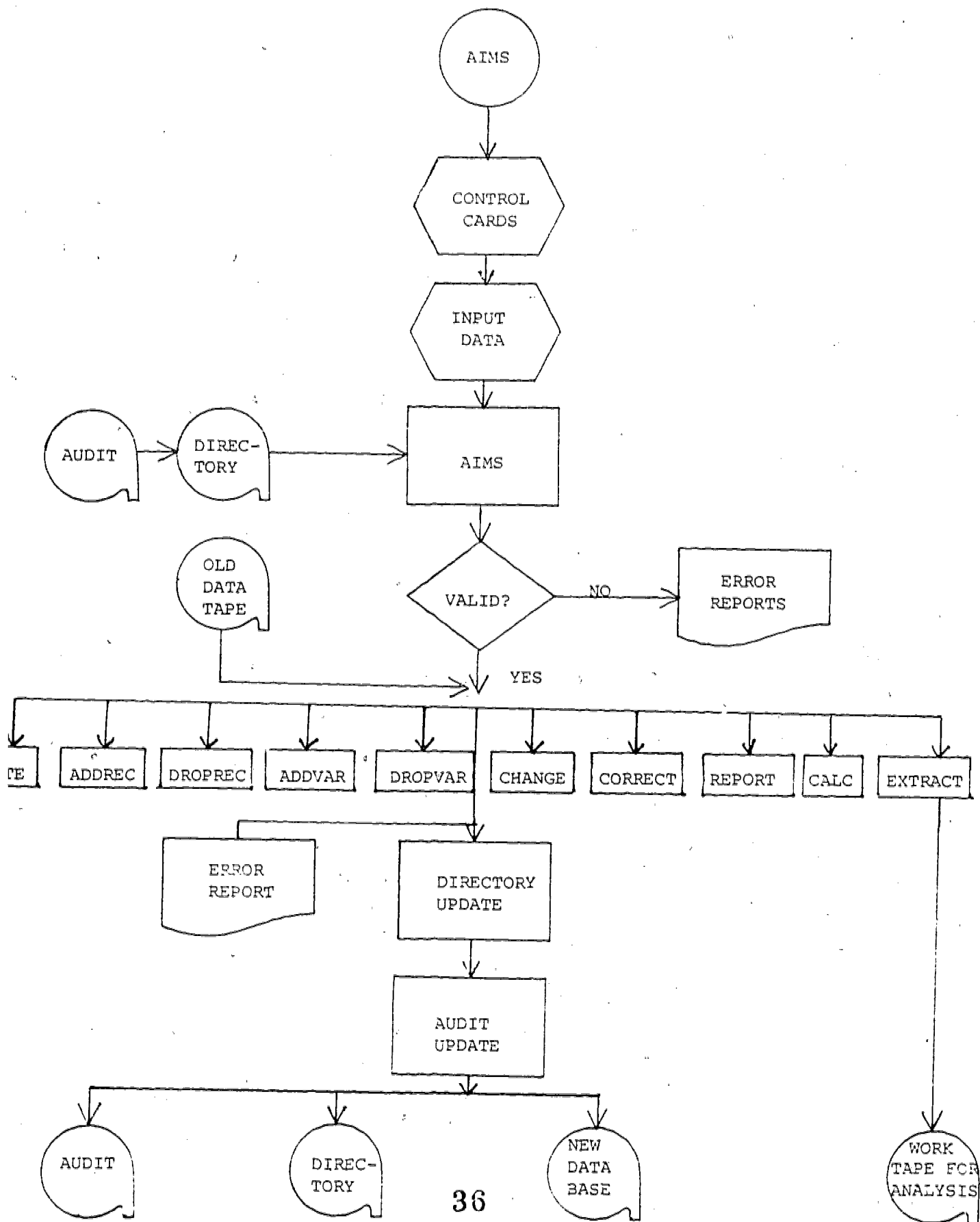
TABLE 1.1
PROGRAM DESCRIPTION TABLE

PROGRAM NAME	DESCRIPTION
AIMS	Main-line Control Program for the Update Modules
CREATE	Initial File Creation Module
ADDREC	Record Addition Module
DROPREC	Record Deletion Module
ADDVAR	Module for Addition of Variables to Records
DROPVAR	Module for Deleting Variables from Records
CHANGE	Update Module for Existing Records
EXTRACT	Extracting Data from Across Files
CORRECT	Update Module for Correcting Variable Values Within Records
CALC	Module for Computing New Variables from Existing Ones
REPORT	Module for Selectively Reporting Data on a File
UTILITY ROUTINES	
LOOKUP	Routine for Binary Searching a Single Dimension Array
GET	Routine for Converting Characters to Floating Point Numbers
QSORT2	Routine for Paired Array Central Memory Sorting
EDITREC	Pre-edits Data Values within a Record
FILLUP	Fills an Array with a Specified Value
UNCODE	Decodes Variable Declaration Cards
ISCAN	Scans an Array for a Specified Value
DUPNAME	Checks for Duplicate Names within a List
CKDATA	Reads and Sequence Checks Input Data
COMPUTE	Calculates New Variables Based on Existing Data Values
LSORTF	Generates Vector of Pointers to Sorted Array Elements in CALC
RCARD	Decodes Calculation Specification Cards

TABLE 1.2
PROGRAM CROSS-REFERENCE TABLE

PROGRAM NAME	REFERENCED BY PROGRAM
AIMS	NONE
CREATE	AIMS
ADDREC	AIMS
DROPREC	AIMS
ADDVAR	AIMS
DROPVAR	AIMS
CHANGE	AIMS
EXTRACT	AIMS
CORRECT	AIMS
CALC	AIMS
REPORT	AIMS
UTILITY ROUTINES	
LOOKUP	DRIVER, DIRCK
GET	EDITREC, UNCODE
QSORT2	DRIVER, DROPVAR, DUPNAME
EDITREC	CREATE, ADDREC, DROPREC, ADDVAR, CHANGE
FILLUP	MERGER
UNCODE	DRIVER
ISCAN	DRIVER, UNCODE
DUPNAME	DRIVER
CKD^TA	CREATE, ADDREC, DROPREC, ADDVAR, CHANGE
COMPUTE	CALC
LSORTF	CALC
RCARD	CALC

FIGURE 1.5



1.3.2 Special Programs

In addition to the AIMS data base programs described above, a number of special programs are being developed as required. These programs exist independently of the AIMS programs and may involve occasional as well as routine processing. The programs access selected data through the data base system and/or create variables as input to the system. To date, needs for special programs have been identified in the areas of internal consistency checking, routine report generation, test scoring, cost analysis, and statistical calculation, not available in SPSS.

Internal data consistency checking and error reporting are a regular part of the data screening process. Once the raw data have been placed on the data base files with appropriate flags for values that did not pass data base format and range editing, additional validity checks are made. Several different types of internal editing are used depending upon the data item. Procedures for scrutinizing the data involve examining relationships among summary items and their parts, checking mutually exclusive variables and/or values, watching the variance in items reported over time and other methods that will help insure identification of errors. Computer reports are generated by these special editing routines to flag and describe all errors, missing values, and inconsistencies that have been detected. The reports then are circulated back through the appropriate data flow channels to resolve any existing data problems. Every time raw data enter the data base system, the special error and consistency checking routine are run and all detected errors reported.

A second class of special programs involves formatted reports. Various computer-generated reports will be needed throughout the data collection period for purposes of analysis, documentation, and status review. Some of these forms will be designed for formal project reporting while others will be tailored for internal staff use. Both snapshot data and variables collected over time will be incorporated into these documents. Specific requirements for any of these routines will depend upon the type, quantity, and frequency of data being collected and the reporting needs which exist within the contract at any given time. At the present time, special programs are being developed to report on the status of target classroom children and to compare telephone survey and spring baseline data with Director Interview data collected this fall.

Another set of special programs being developed addresses the task of test scoring. The testing coordinator, SRI, is providing Abt Associates with raw test data items, which will be incorporated into the child level file of the data base. Routines compatible with the documentation for each test are being developed to score the results. These values may be input to the data base system and maintained in the child file, or they may be included only on temporary work files if the volume of data generated becomes excessive or if the use of the scored items is short-lived. Since child test data are among the most important data being collected, it is critical that the scoring routines be carefully and efficiently developed to insure that accurate and sufficient child data are generated.

A fourth area of special routines is associated with cost analysis. The processing of some cost data may be required to put all centers on a uniform accrual accounting basis for analysis. Special programs to relate RCAS data to RPIS and other process and outcome information will be developed if the required algorithms are too sophisticated or specific to be handled by the data base system or SPSS. Detailed specification of special cost analysis programs are currently being made, now that the cost data instruments have been finalized.

The final group of special programs that will be developed are those which perform particular statistical analysis tasks. Most calculations and statistical manipulations can be accomplished through SPSS, but there may be instances where neither SPSS nor other programs in the Abt statistical software library can efficiently perform a given analysis. These special routines will be written as data analyses so require.

II. DATA COLLECTION SYSTEMS

2.0 Introduction

During Phase I of the National Day Care Study, three extensive data collection systems were designed, developed, and field tested:

- The Research Program Information System (RPIS),
- The Research Cost Accounting System (RCAS), and
- Parent Measures.

Section II of this volume provides a basic description of each of these systems together with an example of each instrument which will be used during Phase II. Examples of instruments developed and used during Phase I are included as an Appendix to this volume.

2.1 The Research Program Information System

The Research Program Information System (RPIS) has been designed to collect several types of data responsive to the key policy issues including data on staff/child ratio, staff professionalism, center costs, and other program characteristics such as group size, staff mix, available materials and physical facilities, scope and quantity of supplementary services provided to children and families, and turnover data for both staff and children. Most information will be collected only for the target population - children and staff who are in classrooms with full-time three- and four-year olds. To obtain these data, five sets of RPIS instruments have been designed:

- The Baseline Center Profile, including
 - a. a Director Interview
 - b. a Lead Teacher Interview,
- The Staff/Child Ratio Observation Instrument,
- Change of Status Reports,
- The Staff Background Questionnaire, and
- Weekly Service Reports.

Before each of these instruments is described, the objectives and requirements guiding the development of the RPIS are briefly discussed. These include:

- Target Population,
- Reporting Schedules,
- Interface With Other Study Systems,
- Minimal Burden on Centers, and
- Confidentiality.

2.1.1 Objectives and Requirements

Availability of data on a family and child basis will enable the research staff to test statistical hypotheses about the relationship between day care resources and the impact of care on children. The data collection forms used in the RPIS have, therefore, been designed to collect data on the quantity and characteristics of resources used by day care centers on a child-by-child basis within reasonable data collection constraints. Specifically, data on daily schedules, meals, medical services, and other special services provided to both child and family are collected at the child level.

Other data including staff schedules, type of staff, space use and equipment will be collected at the group/classroom level. Staff/child ratios will also be constructed on a group or class-by-class basis. Thus staff/child ratio will be the same for all children in a classroom, but differences can be examined among the classes. Other data such as administrative and support hours and general space use and equipment will only be collected at the center level.

There were several important design considerations in the development of the RPIS:

- Target Population

Most RPIS data collection on children is limited to full-time three- and four-year olds. This target population includes children selected by the testing contractor for outcome measures. Data collection limited to the target population includes family background information (as part of Parent Measures) and ongoing services reports. At this time, the research design does not require family and service data on children for whom there will be no outcome measures. Schedule and absence data, however, are collected for all children in classrooms serving

three- and four-year olds. This expanded data collection is required to establish and monitor staff/child ratios by classroom.

Data collection on staff includes a one time full-center roster and a staff background questionnaire which is administered only to the director and to caregivers in target classrooms. Ongoing records of staff absences, substitutes, and enrichment staff also apply only to the target classrooms.

Two records are to be completed on a full-center basis. These are intake and termination records for both children and staff. Data on all terminations and all new enrollees and hires will allow periodic full-center profile updates.

- Reporting Schedules

Data collection has been limited as much as possible to one time collection. Change of status reports are used in lieu of routine reporting to capture updates and exception events. Data requested on a once per year basis include staff background information, staffing patterns on a center-wide basis, staff and child schedules, all center inventories, and director, and lead teacher interviews.

Ongoing daily and weekly data collection is limited to high incidence events which must be documented as they occur since they cannot be retrospectively reconstructed. Included in this category are records on child and staff absences and on the presence of substitutes and enrichment staff in target classrooms. These data, together with change reports, supplement staff and child schedule data for the purpose of monitoring staff/child ratio. Special services provided to target children and their families and to staff also are reported on a weekly basis.

Other data are collected on an as occurs basis or on a scheduled, periodic basis. Seven change of status reports are used to capture information on episodic events such as new enrollments and hires, terminations, new class assignments, schedule changes, and major alterations in the program. Additionally, a series of 14 scheduled classroom observations will be conducted by the Center Secretary during the nine-month period, September-May.

- Interface with Other Study Systems

While essentially documenting basic program inputs, the RPIS is designed to interface with other data systems. For example, documentation of volunteers and other third-party-paid hours in target classrooms is important for descriptive purposes, for establishing classroom ratios, and for cost accounting. Child and staff schedule data will be used to construct precise ratios and will assist in explaining cost differences among centers. Additionally, program input data will be used to generate various unit costs comparable across programs including unit of service, child hours and per capita costs. Other data, including program organization and interaction with outside agencies, will complement the descriptive case studies.

- Minimal Burden on Centers

It is critical that the RPIS collection effort impose only a minimal burden on the staff of participating centers. This requirement is satisfied in several ways. The RPIS data collection is intended to be carried out by a Center Secretary paid by Abt Associates for this purpose. Thus, we anticipate minimal intrusion into the center, although some time will be required from other center personnel. Collection forms and accompanying instructions and definitions are standardized and based as much as possible on prior experience in collecting data from child care agencies. Consistent with the need to maintain accuracy, the frequency with which each type of information must be reported has been reduced to a minimum.

- Confidentiality

The RPIS is designed to provide maximum security of all information on centers and individuals within centers: staff, parents, and children. The full details of the security system are described in Section 1.2.3.

2.1.2 RPIS Instruments

The RPIS consists of seven types of instruments or records which are described below together with summary data collection information. Within these record types are 20 forms to be completed during Phase II. An example of each form is given at the end of the description.

- Baseline Center Profile: Director and Lead Teacher Interviews
were conducted by both site and Cambridge staff during September to update center level data collected during center selection

visits in April-May 1975 and to obtain more detailed and comprehensive data on staffing and group enrollment patterns. The Director Interview consists of basic center data verification, enrollment data by group including overall center attendance patterns, and a comprehensive staff roster. An administrative and functional organization chart is also included.

The Lead Teacher Interview documents individual child schedules and provides additional child level data such as age, address, sex and race. A description of typical daily classroom activities is completed together with a mapping of the group structure as it may change during the day. Schedule data for both staff and children will serve as the basis for developing a classroom level staff/child ratio. Data on group activities and group movement will be used to develop a combined activity-by-time-and-space pattern for each target classroom. These patterns, in turn, will serve to structure schedules for later staff/child ratio observations.

Frequency: One time report

When: Phase II: September 1975

Who: Abt Site Staff

- Staff Background Questionnaire provides a short record of personal data, job experience and educational background. The questionnaire was administered in September to the center director and caregivers in target classrooms by site and Cambridge staff through brief interviews with the director and lead teacher and by the Center Secretary through interviews with other classroom staff.

The Staff Background Questionnaire is a one-time report with provision for year-end updates. The instrument will also be administered on an as-needed basis for any new staff or already employed staff who are assigned to a target classroom.

Frequency: One-time report

When: Phase II: September 1975

Who Site Staff, Cambridge Staff, and Center Secretary

- Change of Status Records are used to document changes in enrollment, staffing, turnover, class assignment, schedules, and programmatic changes. Also included are daily records of absences and extra-normal staff coverage such as substitutes or enrichment staff.

Six Change of Status Records containing a total of 12 forms are needed to update information on staff and child assignments in target classrooms and staff and child hours. Child and staff populations in target classrooms cannot be expected to remain stable. In order to maintain current files on staff/child ratio and to link children with their specific caregivers, it is essential to document all children and staff as they enter or exit target classrooms, as well as any schedule changes. An additional status report captures changes in curriculum, key staff, funding, physical plant and other center level operations.

Frequency: Weekly for absences and extra-normal staffing. As occurs for new enrollees, hires, terminations, in-center transfers, changes of schedule, and program changes.

When: Phase II: Ongoing

Who: Center Secretary

- Child/Family and Parent Participation Service Record is used to document supplementary or special services provided to target children and/or their families. The record contains a checklist of 15 major service categories organized by child services, family services, and parent activities. Narrative descriptors of the services provided are also requested for cross-check purposes. This service record, as with all other ongoing records, is completed at the classroom level and links services to individual children and their families.

Frequency: Weekly

When: Phase II: Ongoing

Who: Center Secretary

- Field Trip Record provides information on all trips taken by children in target classrooms. It includes data on the nature of the trip and the number of children participating by classroom. The Field Trip Record serves as a supplement to the regular classroom activity schedule and will contribute to the descriptive study of program content and process.

Frequency: Weekly

When: Phase II: Ongoing

Who: Center Secretary

- Staff Meeting/Training Record is designed primarily to capture weekly information on staff meetings and training sessions, including the major topics presented and the number of staff present. Provision is also made for recording any other special events in which staff are involved.

Frequency: Weekly
When: Phase II: Ongoing
Who: Center Secretary

- Staff/Child Ratio Observation Instrument will provide periodic cross-checks on classroom level staff/child ratio and will document the process ratio as it changes with group movement and activity functions. Up to 14 full-day observations will be taken by the Center Secretary on an hourly basis for each target classroom. At each observation point, the Secretary records the number of staff available to children by specific caregiver identification code, the activities underway, and the specific location of all group children within the center. The observations focus, where possible, on the sub-group activity as well as the group level ratio.

Frequency: Fourteen Observations
When: Phase II: Five (5) in September-October 1975
Two (2) each in January and March 1976
Five (5) in April-May 1976
Who: Center Secretary

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BASELINE CENTER PROFILE: DIRECTOR INTERVIEW

National Day Care Study

Abt Associates Inc.

I. A. 9/75 BASELINE CENTER PROFILE - DIRECTOR INTERVIEW

Last spring Abt Associates collected information about your center to help us in selecting the final (32/16) centers in (Atlanta, Detroit, Seattle).

The purpose of the visit today is to develop a clear and up-to-date picture of your center's physical plant, staff and children as you start your 1975-76 program year. As you know, Article V of the Research Agreement between your center and Abt Associates specifies that information we collect will be held in the strictest confidence. In fact, not even study staff or the government will have access to any data on individual staff, parents or children by name during the course of the study. Only codes will be used and all analysis will group individual data together. No parent will be interviewed, or child observed or tested, without parental permission. Permission will also be obtained from staff before administering tests.

Abt Associates will maintain all data collected until the entire National Day Care Study is completed, (a maximum of 3 1/2 years). Once the study is completed, Abt Associates will deliver all original information collected within its possession to the Department of Health, Education and Welfare. Master code lists will also be transferred to HEW/OCD although no further access and use will be authorized unless prior approval is received from centers, staff and/or parents.

The information we need to collect today from you includes:

- A Revised Background Questionnaire on Your Experience and Education
- Current Capacity and Enrollment Patterns
- Classroom Age Groupings and Capacities by Location
- Current Staff Roster
- Planned Services

This will take a couple of hours. We need to get this information correct now so we don't have to bother you again with these kinds of questions until next spring.

Let's begin by going over your own background. The questionnaire that you responded to last spring has been revised to give us even more accurate and useful information.

COMPLETE STAFF BACKGROUND QUESTIONNAIRE ON DIRECTOR HERE

THEN RETURN TO a.

a. I would like to begin the questions about your center by verifying information we already have about your center.

a.1. First, I want to check that we have the correct spelling of your name, and the correct center address, zip code and telephone number.

Let me read you the information we have:

COMPUTER LABEL

Corrections (if any)

Name _____

Address _____

Zip _____ Telephone _____

Center: _____

Site: _____

CARD 1

(FOR QUESTIONS a.2 - a.10 ONLY READ SENTENCES PRE-MARKED WITH THE "X")

a.2 () We do not have information on the legal organization
of your center. What is it? (CHECK UNDER CORRECTION)

() We show you legally organized as _____
(READ BELOW) Is that correct?

Yes ☐No ☐ → ENTER CORRECTION

Shown

Correction

Independent - individually owned

() 01

()

6/7

Independent Corporation

() 02

()

Church

() 03

()

Social Service Agency

() 04

()

Community Agency

() 05

()

Public Agency - Federal

() 06

()

Public Agency - State

() 07

()

Public Agency - Local

() 08

()

Public Agency - School

() 09

()

Other (SPECIFY): _____

() 10

()

a.3 () And our records show that you are organized on a

() Profit

() Non-Profit basis.

01

02

Is this correct?

Yes ☐No ☐ → ENTER CORRECTION. Profit () 01

Non-Profit () 02

8/9

a.4 () Your sponsoring agency is (READ BELOW), is that correct?

Yes ☐ No ☐ → ENTER CORRECTION →

10/11

☐☐

() You have no sponsoring agency, is that correct?

Yes ☐ No ☐ → ENTER CORRECTION →

a.5 () We have no month and year when your center started operation, could you give me the date?

☐☐ 19 ☐☐

mo yr

12/13/14/15

☐☐☐☐

() I have the following date _____ your center started operation: Is that correct?

Yes ☐ No ☐ → ENTER CORRECTION

☐☐ 19 ☐☐

mo yr

a.6 () Your center has a licensed capacity of _____, is that correct?

Yes ☐ No ☐ → ENTER CORRECTION

☐☐☐

16/17/18

☐☐☐☐

a.7 () You are licensed to serve children from ages _____ Yrs. _____ Mos. to _____ Yrs. _____ Mos. Is that correct?

Yes ☐ No ☐ → ENTER CORRECTION

Yrs. Mos. to Yrs. Mos.

☐☐ ☐☐ to ☐☐ ☐☐

19/20 21/22 23/24 25/26

(youngest) (oldest)

19/20/21/22

☐☐☐☐

23/24/25/26

☐☐☐☐

a.8 () Your center opens at _____ a.m. and closes at _____ p.m.

Is that correct?

Yes ☐ No ☐ → ENTER CORRECTION

From : a.m.

To : p.m.

27/28/29/30

--	--	--	--

31/32/33/34

--	--	--	--

a.9 () Your center is open _____ days/week. Is that correct?

Yes ☐ No ☐ ENTER CORRECTION

Days Open () Mon.

() Tues.

() Wed.

() Thurs.

() Fri.

() Sat.

() Sun.

< 5	01
M-F	02
M-S	03
M-S	04
O	05

35/36

--	--

a.10 () Your center is () open 12 Months/Year

() closed during the months of

_____, _____, _____,

_____, _____, _____.

Is that correct?

37/38

--	--

Yes ☐ No ☐ CHECK ALL THAT APPLY.

Months Closed

() Sept. ☐ 39

() Dec. ☐ 42

() Mar. ☐ 45

() June ☐ 48

() Oct. ☐ 40

() Jan. ☐ 43

() April ☐ 46

() July ☐ 49

() Nov. ☐ 41

() Feb. ☐ 44

() May ☐ 47

() Aug. ☐ 50

b. Now I would like to get information on your classroom group arrangements and children as of today.

b.1. Would you look over this map of the center which _____ (name of Center Secretary) prepared during the summer. You will note that we have given a code # to each space.

Could you tell me the age range of your youngest classroom group? And what space is assigned to that group for the major part of the day? And the enrollment as of today? And what is the anticipated full enrollment of that group? (i.e., the class may not be up to full enrollment, so what is the capacity?)

Full Time 3 & 4 Year Old Class- room Groups (INDICATE WITH A CHECK)		Classroom Entering Age Range		Space Code* (FROM MAP)	Today's Enrollment	Planned Full Enrollment
	Yrs/Mos.	Yrs/Mos.				
() <input type="checkbox"/> 51	from	52/53/54/55	to	60/61	62/63/64	65/66/67
() <input type="checkbox"/> 68	from	69/70/71/72	to	8/9	10/11/12	13/14/15
() <input type="checkbox"/> 16	from	17/18/19/20	to	25/26	27/28/29	30/31/32
() <input type="checkbox"/> 33	from	34/35/36/37	to	42/43	44/45/46	47/48/49
() <input type="checkbox"/> 50	from	51/52/53/54	to	59/60	61/62/63	64/65/66
() <input type="checkbox"/> 67	from	68/69/70/71	to	8/9	10/11/12	13/14/15
() <input type="checkbox"/> 16	from	17/18/19/20	to	25/26	27/28/29	30/31/32
() <input type="checkbox"/> 33	from	34/35/36/37	to	42/43	44/45/46	47/48/49
() <input type="checkbox"/> 50	from	51/52/53/54	to	59/60	61/62/63	64/65/66

So you have a total of _____ FT 3 & 4
yr. old classroom groups?

ENTER CORRECT TOTAL 67/68

So you have a
total of _____
children en-
rolled as of
today? ENTER
CORRECT TOTAL

Total
Planned
Enroll-
ment
8/9/10
11/12/13

B.1 TOTAL

* THAT IS THE PRIMARY SPACE WHERE THAT CLASSROOM SPENDS THE MOST TIME, USUALLY BETWEEN 9:00 A.M. AND 3:00 P.M., OR ITS "HOMEROOM". IF NO SPECIFIC SPACE IS ASSIGNED TO THAT GROUP, ENTER 00.

b.2 Center Enrollment Hours

- Of the _____ children enrolled (ENTER IN LOWER LEFT CORNER) how many are enrolled five (or more) days/week? (ENTER #)
- Are there any children enrolled for fewer than 5 days/week? (IF ANY, ENTER #'s AS APPROPRIATE.)
- How many of the 5-day children are enrolled full day, 7 or more hours? (BREAK DOWN BY MORE THAN 10 HOURS, 8 to 10 HOURS, 7 to 8 HOURS.)
- FOR THE REMAINDER, (CHILDREN ATTENDING PART DAY 5 DAYS/WEEK) BREAK DOWN BY 4 to 7 HOURS OR LESS THAN 4 HOURS.
- CONTINUE PROCEDURE FOR CHILDREN ENROLLED FEWER OR MORE THAN 5 DAYS/WEEK.

Hours In-CenterNumber of Children Attending

Enrolled	Total Enrollment	FULL DAY 7+hrs.	More Than 10 Hrs./Day	From 8 to 10 Hrs./Day	From 7 to 8 Hrs./Day	PART DAY <7 hrs.	From 4 to 7 Hrs./Day	Less Than 4 Hrs./Day	Leave Blank
5 Days/Wk.	14 15 16 17 18 19	20 21	22 23	24 25	26 27	28 29	30 31		
4 Days/Wk.	32 33 34 35 36 37	38 39	40 41	42 43	44 45	46 47	48 49		
3 Days/Wk.	50 51	52 53	54 55	56 57	58 59	60 61	62 63	64 65	
2 Days/Wk.	66 67	68 69	70 71	72 73	74 75	8 9	10 11	12 13	
1 Day/Wk.	14 15	16 17	18 19	20 21	22 23	24 25	26 27	28 29	
6 Days/Wk.	30 31	32 33	34 35	36 37	38 39	40 41	42 43	44 45	
7 Days/Wk.	46 47	48 49	50 51	52 53	54 55	56 57	58 59	60 61	
Enter Total Enrollment From B-1									Leave Blank

CARD 5

b.3. Of the _____ children enrolled, how many would you estimate are:

(READ CATEGORIES. ENTER NUMBER)

6/7/8
BLACK

9/10/11
WHITE

12/13/14
OTHER

15/16/17
TOTAL

(VERIFY AGAINST b.1 TOTAL ENROLLMENT)

ESTIMATES ARE
SUFFICIENT BUT
TOTALS MUST
WORK OUT AND
BE CONSISTENT.

b.4. Of the _____ children enrolled, how many would you estimate are:

(READ CATEGORIES. ENTER NUMBER)

18/19/20
GIRLS

21/22/23
BOYS

24/25/26
TOTAL

(VERIFY AGAINST b.1 TOTAL ENROLLMENT)

b.5. How many of the children currently enrolled are primarily non-English speaking?

27/28/29

b.6. How many children are physically handicapped or have medically diagnosed special needs?

30/31

b.7. How many families are enrolled as of today?

32/33/34

(SHOULD BE THE SAME AS, OR LESS THAN,
 THE CHILD ENROLLMENT)

b.8. How many of the _____ families enrolled would you estimate
 are single parent families (i.e., how many have only one
 parent or other adult living in the household?)

35/36

b.9. During which month do you usually get your largest
 number of new enrollments? _____

What is the second highest month? _____

Is there a third month? _____

37/38

39/40

41/42

09 () Sept. 12 () Dec. 03 () Mar. 06 () June

10 () Oct. 01 () Jan. 04 () Apr. 07 () July

11 () Nov. 02 () Feb. 05 () May 08 () Aug.

b.10 And during which month do you usually have your greatest
 number of terminations? _____

What is the second highest month? _____

Is there a third month? _____

43/44

45/46

47/48

09 () Sept. 12 () Dec. 03 () Mar. 06 () June

10 () Oct. 01 () Jan. 04 () Apr. 07 () July

11 () Nov. 02 () Feb. 05 () May 08 () Aug.

b.11 We'd like to get a general view of the typical arrival and departure times of children on a center-wide basis regardless of their age. Let's begin with arrivals.

a. Arrivals

Times

- | | | Hour: | Minutes |
|---|------|-----------------|-----------------|
| 1) By what time have a few children arrived in the morning? | Few | 49/50
[][] | 51/52
[][] |
| 2) By what time have most children arrived? | Most | 53/54
[][] | 55/56
[][] |
| 3) By what time have all the children arrived? | All | 57/58
[][] | 59/60
[][] |

b. Departures

- | | | | |
|---|------|-----------------|-----------------|
| 1) When do a few children begin to leave? | Few | 61/62
[][] | 63/64
[][] |
| 2) By what time have most children left? | Most | 65/66
[][] | 67/68
[][] |
| 3) By what time have all children left? | All | 69/70
[][] | 71/72
[][] |

- b.12 Does your center have a general daily schedule that classrooms more or less follow? (IF TIMES ARE DIFFERENT, BUT GENERAL ACTIVITIES ARE SIMILAR, RECORD GENERAL ACTIVITIES USING TIME SCHEDULE FOR A 3 OR 4 YEAR OLD CLASSROOM.)

Activity Schedule

Description	Time*	Code*
	8/ 9/10/11	12/13
	14/15/16/17	18/19
	20/21/22/23	24/25
	26/27/28/29	30/31
	32/33/34/35	36/37
	38/39/40/41	42/43
	44/45/46/47	48/49
	50/51/52/53	54/55
	56/57/58/59	60/61
	62/63/64/65	66/67
	68/69/70/71	72/73
	6/ 7/ 8/ 9	10/11
	12/13/14/15	16/17
	18/19/20/21	22/23
	24/25/26/27	28/29
	30/31/32/33	34/35
	36/37/38/39	40/41
	42/43/44/45	46/47
	48/49/50/51	52/53
	54/55/56/57	58/59

6/7
☐ ☐
 () Yes
 01

→ Could you give me an overview of that schedule starting when the center opens? (COMPLETE FORM)

() No
 02

→ Who decides upon general schedules for classrooms?

↓
 How do the schedules generally differ from classroom to classroom?
 (RECORD GENERAL COMMENTS)

CARD 8

* ENTER BEGINNING TIME FOR EACH ACTIVITY

* CODES:

- 01 Arrival
- 02 Indoor Free Play
- 03 Outdoor Free Play
- 04 Planned Group Activity
- 05 Snack
- 06 Meal
- 07 Nap
- 08 Individual Activity
- 10 Transition
- 11 Departure
- 12 Other

RPIS Job Titles and Codes

Administrative Staff

10	Director/Assistant Director	Paid
11	Bookkeeper/Accountant	Paid
12	Other Administrative Staff	Paid
15	Director/Assistant Director	Volunteer
16	Bookkeeper/Accountant	Volunteer
17	Other Administrative Staff	Volunteer

Classroom Staff

20	Teacher (Lead Teacher, Head Teacher)	Paid
21	Assistant Teacher/Aide	Paid
22	Substitute	Paid
23	Other Classroom Staff	Paid
25	Teacher (Lead Teacher, Head Teacher)	Volunteer
26	Assistant Teacher/Aide	Volunteer
27	Substitute	Volunteer
28	Other Classroom Staff	Volunteer

Program Staff and Specialists

30	Social Worker	Paid
31	Education Specialist	Paid
32	Other Program Staff	Paid
36	Social Worker	Volunteer
37	Education Specialist	Volunteer
38	Other Program Staff	Volunteer

Support Staff

40	Secretary/Clerk	Paid
41	Janitor/Maintenance	Paid
42	Cook/Cook Aide	Paid
43	Driver/Driver Aide	Paid
44	Other Support Staff	Paid

Support Staff (Continued)

45	Secretary/Clerk	Volunteer
46	Janitor/Maintenance	Volunteer
47	Cook/Cook Aide	Volunteer
48	Driver/Driver Aide	Volunteer
49	Other Support Staff	Volunteer

c. MASTER CODE SHEET - CENTER STAFF ROSTER

Statement

Now I would like to get a clear picture of your total center staff including all regular weekly and occasional staff paid from center funds, paid by other agencies, working in exchange for day care for their own children, or volunteering their time.

First, I would like to start with you. Next, we'll cover any staff whose primary job is not in the classroom, including support staff such as _____ (Center Secretary), maintenance staff, etc. and also specialists who do not come in on a regular basis.

Finally, I would like to go on to the classroom staff, first those who work with classroom groups having full-time three and four year olds, then any younger classroom groups, then those older.

d. Next we would like to ask about services you provide to children and their families and your staff activities.

d.1 Do you offer any of the following special services to children?

(READ CATEGORIES) If YES, how often and to how many children?

(CHECK ALL THAT APPLY)

(CHECK ALL THAT APPLY)												
Child Services	Yes		No	How Provided?		How Often?		To How Many Children? *				
	Dir.	Ind. (Referral)		Reg.	Occ.	Few	Many					
	01	02		01	02	01	02	01	02			
Special Education	()	()	60/61	()	()	62/63	()	()	64/65	()	()	66/67
Special Nutrition	()	()	68/69	()	()	70/71	()	()	72/73	()	()	74/75
Special Testing	()	()	6/7	()	()	8/9	()	()	10/11	()	()	12/13
Immunizations	()	()	14/15	()	()	16/17	()	()	18/19	()	()	20/21
Emergency Medical Care	()	()	22/23	()	()	24/25	()	()	26/27	()	()	28/29
Other Medical Care	()	()	30/31	()	()	32/33	()	()	34/35	()	()	36/37

d.2 Do you offer any of the following special services to families of the children enrolled? (READ CATEGORIES) If YES, how often and to how many families? (CHECK ALL THAT APPLY)

and to how many families? (CHECK ALL THAT APPLY)										To How		
Family Services	Yes		No	How Provided?		How Often?		Many Families?*		Few	Many	
	01	02		Dir.	Ind.(Referral)	Reg.	Occ.	01	02			
Social Services	()	()	38/39	()	()	40/41	()	()	42/43	()	()	44/45
Health Services	()	()	46/47	()	()	48/49	()	()	50/51	()	()	52/53
Other Services (SPECIFY):	()	()	54/55	()	()	56/57	()	()	58/59	()	()	60/61
	()	()	62/63	()	()	64/65	()	()	66/67	()	()	68/69
	()	()	70/71	()	()	72/73	()	()	74/75	()	()	76/77
	()	()	6/7	()	()	8/9	()	()	10/11	()	()	12/13

CARD 10

* FEW = LESS THAN 50%

MANY = 50% OR MORE

d.3 Do you offer any of the following parent involvement activities?

(READ CATEGORIES) If YES, how often and how many parents participate?

Parent Activities	(CHECK ALL THAT APPLY)		How Provided?		How Often?		To How Many Parents?		
	Yes	No	Dir.	Ind. (Referral)	Reg.	Occ.	Few	Many	
	01	02	01	02	01	02	01	02	
Parent Conferences	()	()	14/15	() ()	16/17	() ()	18/19	() ()	20/
Board Meetings	()	()	22/23	() ()	24/25	() ()	26/27	() ()	28/
Parent Education	()	()	30/31	() ()	32/33	() ()	34/35	() ()	36/
Social Activities	()	()	38/39	() ()	40/41	() ()	42/43	() ()	44/
Parent Volunteers	()	()	46/47	() ()	48/49	() ()	50/51	() ()	52/
Other Meetings	()	()	54/55	() ()	56/57	() ()	58/59	() ()	60/
Other (SPECIFY):	()	()	62/63	() ()	64/65	() ()	66/67	() ()	68/
	()	()	70/71	() ()	72/73	() ()	74/75	() ()	76/
	()	()	6/ 7	() ()	8/ 9	() ()	10/11	() ()	12/
	()	()	14/15	() ()	16/17	() ()	18/19	() ()	20/

CARD 11

* FEW = LESS THAN 50%

MANY = 50% OR MORE

d.4. How often would you say 3 and 4 year old classroom groups will take field trips between now and next June?

weekly every other week monthly occasionally never
 () 01 () 02 () 03 () 04 () 05

22/23
☐ ☐

d.5 How often are meetings held for all classroom staff?

weekly every other week monthly occasionally never
 () 01 () 02 () 03 () 04 () 05

24/25
☐ ☐

d.6 How often are meetings held for total staff? (Classroom plus all other staff)

weekly every other week monthly occasionally never
 () 01 () 02 () 03 () 04 () 05

26/27
☐ ☐

d.7 How often will you hold meetings with staff from one classroom?

weekly every other week monthly occasionally never

() 01

() 02

() 03

() 04

() 05

28/29

--	--

d.8. How often will staff from one classroom hold meetings on their own?

weekly every other week monthly occasionally never

() 01

() 02

() 03

() 04

() 05

30/31

--	--

e. Finally, I would like to ask you about your administrative organization.

e.1. Would you assist me in sketching an administrative organization chart for your center? I would like to include Sponsor Agencies as well as any governing or advisory boards. A sample organization chart is given on the following page.

e.2 Who, specifically, should we talk with to learn about your center's history and development including the initial planning and start-up?

Name _____

Position _____

Name _____

Position _____

Name _____

Position _____

minutes to Complete: 62/63

Effort Providing Info & Minutes Required:

_____ mins. 70/71

_____ 72/73

_____ 74/75

Date Form Completed: 64/65 / 66/67 / 68/69
month day year

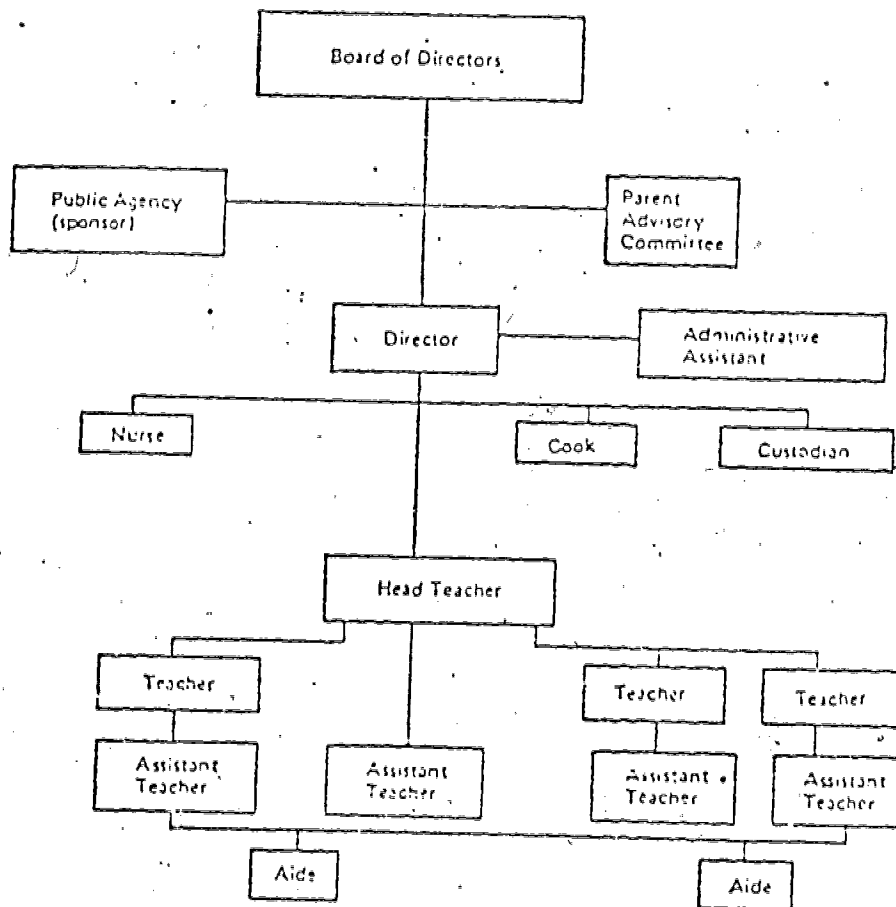
Completed by: _____

60/61

OFFICE USE
ONLY
FORM CODE

76/77

SAMPLE ORGANIZATION CHART



BASELINE CENTER PROFILE: LEAD TEACHER INTERVIEW

1.B. BASELINE CENTER PROFILE - LEAD TEACHER INTERVIEW

STATEMENT

Last spring when we visited your center, we collected information on child enrollment, attendance and activity schedules in all classroom groupings serving at least some 3 and/or 4 year olds who attend 4 or 5 days/week at least 7 hours/day.

The purpose of the visit today is to establish a clear picture of your classroom group's composition by developing a Master Roster for the children, and staff in your classroom. The Roster will include the child's parent or guardian's name so we can send a letter inviting them to participate in the study and explaining our confidentiality procedures. No parent will be interviewed or child tested without parental permission.

1.b.1 CHILD AND STAFF ROSTERS: INSTRUCTIONS

- From the Director Interview (Staff Roster), copy names of persons assigned to this classroom. PROBE with the teacher for additional persons that might have been missed by the Director (e.g. volunteers, part-time workers).
- Include persons who work regularly in the classroom, at least once a week. (Do not include occasional staff).
- Obtain schedule information for this class for each person listed. (Be sure to include the teacher being interviewed.)
- Proceed to obtain the child information including name, parent/guardian name, address, telephone, scheduled attendance, age, race and sex.
- When you return to the Site office, make copies of the child roster and distribute immediately as follows:
 - 2 copies delivered to Parent Coordinator
 - 2 copies mailed to SRI
 - 1 copy returned to the Center Secretary
 - 1 copy mailed to Abt Cambridge

Item Instructions - Child Roster

- (1) Child Name - List all children assigned to the classroom alphabetically by last name. Include full first name and nickname where applicable.
- (2) Parent Name - Enter parent or guardian first name and last name if different from the child. List as parent or guardian the person whom the center would typically contact about the child.
- (3)-(4) Address and Telephone - Record the full mailing address including the zip code. Enter the home phone number in column (4).
- For Office Use Only - This column will be used by Abt staff in Cambridge to assign a computerized ID number.
- (5) Attendance Schedule - Record the child's typical attendance schedule as of this week. If the schedule changes from week to week, record this week's schedule and note changes in the comments section. If the child is assigned to more than one classroom, only record the schedule for this classroom. For the second classroom, record the classroom ID (space code, teacher last name, age range) of the second assignment in the comments section.
- (6) Target Child - Check this column if the child is scheduled to attend at least four days per week and seven hours per day and is between 2 years 9 months and 4 years 9 months of age as of September 1975.
- (7) Date of Enrollment - Enter the date the child was first enrolled in the center, whether in another classroom or this one.
- (8) Date of Birth - Enter the month, day and year of birth.
- 9)-(10) Sex, Race - Enter the appropriate code letter. Be sure to ask about sex of a child when the name (e.g. Chris) doesn't give a clear indication.
- (11) Comments

Abt Associates Inc.

Classroom ID:

Space Code

Lead Teacher

Age Range of Class: $\begin{array}{|c|c|} \hline \square & \square \\ \hline \end{array}$ $\begin{array}{|c|c|} \hline \square & \square \\ \hline \end{array}$ to $\begin{array}{|c|c|} \hline \square & \square \\ \hline \end{array}$ $\begin{array}{|c|c|} \hline \square & \square \\ \hline \end{array}$

Date

[illegible]

Item Instructions: Staff Roster

- (1) Last name, first name - Record the full name of each person who works in this classroom. Include everyone who works at least once a week.

For Office Use Only - This column will be used by Abt staff in Cambridge to assign a computerized ID number.

- (2) Primary Job/Secondary Job - List the person's job title(s) in the center. Enter RPIS job codes next to the job title(s).
- (3) Schedule in the Classroom - Record the time the staff person begins and ends work in this classroom each day. If the staff person works a split shift (i.e., 9:00 a.m. to 11:00 and 3:00 to 5:00 each day), enter both pairs of starting and stopping times by crossing out the next line on the roster and using the second set of schedule boxes. If schedules change from week to week make a note in the comments section.
- (4) Weekly Hours in Class - Enter the total number of hours actually spent weekly in this class, excluding time away for regular staff meetings, lunch away from the children, and breaks amounting to 1/2 hour or more.
- (5) Comments

RPIS JOB CODES					
Paid	Vol.		Paid	Vol.	
10	15	Director/Assistant	30	36	Social Worker
		Director	31	37	Education Specialist
11	16	Bookkeeper/Accountant	32	38	Other Program Staff
12	17	Other Administrative	40	45	Secretary/Clerical
		Staff	41	46	Janitor/Maintenance
20	25	Teacher	42	47	Cook/Cook Aide
21	26	Assistant Teacher/Aide	43	48	Driver/Driver Aide
22	27	Substitute Teacher	44	49	Other Support Staff
23	28	Other Classroom Staff			

MASTER CODE SHEET - CLASSROOM STAFF ROSTER

Center _____

Site _____

Filled out by _____

Classroom ID:

Space Code

08/09

Lead Teacher

Age Range of Class:

 $\gamma\delta$

10/1

1110

1218

10

14

YR

1421

nl

162

Date / /

Staff Listing == Alphabetical (From Staff Roster)

[illegible]

1.b.2 TYPICAL DAY ACTIVITY SCHEDULE

"In order to give us an accurate picture of the activity schedule of children in your classroom, I would like your help in mapping your typical day. Here is an example of a day in a center in Boston, Massachusetts."

"You can see there is quite a complex pattern of children arriving and departing and the way they are grouped for activities. Some of them are with younger and older children at the beginning of the day, at lunch, and during the last hour."

"I'd like to fill out the same kind of schedule for a typical day in your calssroom."

- (1) "Let's start with your children's arrival times.
When do the first children get to the center?"

COMPLETE ARRIVAL COLUMN FIRST. INCLUDE CUMULATIVE TOTALS IN BRACKETS AND CONTINUE UNTIL TOTALS EQUAL CURRENT ENROLLMENT OF CHILD ROSTER.

- (2) "Now let's do departure." (REPEAT INSTRUCTIONS FOR ARRIVAL COLUMN)

- (3) "Let's do your daily activity schedule."

ASK THE TEACHER TO DESCRIBE EACH ACTIVITY AND THE TIME IT BEGINS. REMIND THE TEACHER TO INDICATE WHEN CHILDREN ARE IN SEPARATE GROUPS OR DIFFERENT ROOMS.

- (4) "Finally, let's go over the group arrangements. We need to know the total number of children participating in the activity, where they are located, the ages of children who are not usually in the classroom grouping and the number of staff usually present."

CODE: K = # of children

P = Space Plan ID

A = Ages of children from other groups

S = # of staff generally present

NOTE: If a staff person is supervising more than one activity, the staff person should be coded in fraction.

If there is more than one activity per time period and/or children are working in different spaces in the center, divide the column into the number of activities and code each one separately.

National Day Care Study

Abt Associates Inc.

CARD 1/3

OFFICE USE ONLY

01/02/03/04/05/06/07

Boston Center
Example

(1) Classroom ID:

TYPICAL ACTIVITY SCHEDULE

Space Code
08/09

Lead Teacher

Age Range of Class:

yrs.
10/11

mos.
12/13

yrs.
14/15

mos.
16/17

Enter No.
and (Cumulative
Total)

K = # of Kids
P = Space Code

A = Ages of Kids From Other Groups
S = # of Staff Usually Present

Arrive	Depart	Activity	Groupings
18-20	21-23	6:00 Center Opens 6:00	K=8, P=02, A=2,4 S=1
24-26	27-29	6:30	
30-32	33-35	7:00 FREE PLAY	
36-38	39-41	7:30	
42-44	45-47	8:00 BREAKFAST	K=10 P=03 A=2,4 S=2
48-50	51-53	8:30	K=12 P=02 A=4 S=2
54-56	57-59	9:00 FREEPLAY	
60-62	63-65	9:30	K=27, P=03, A=0 S=4
66-68	69-71	10:00 STORY TIME	
72-74	75-77	10:30 IND. ED. Activity	K=13, P=03 S=1, A=0
8-10	11-13	11:00 CARD 2 PLAY	K=26, P=07 S=1, A=4
14-16	17-19	11:30 outdoor IND. Ed.	K=28, P=07 A=4, S=1
20-22	23-25	12:00 PLAY Activity	K=14, P=03 A=0, S=1
26-28	29-31	12:30	
32-34	35-37	1:00 LUNCH	K=56, P=05, A=2,4 S=8
38-40	41-43	1:30	
44-46	47-49	2:00 NAP TIME	K=39, P=05, A=2 S=6
50-52	53-55	2:30	
56-58	59-61	3:00 WATER	K=4, K=5, K=4, K=5 P=03, P=03, P=03, P=03 A=0, A=0, A=0, A=0 S=1, S=1/2, S=1/2, S=1
62-64	65-67	3:30 PLAY BLOCKS DOLLS PAINTS	
68-70	71-73	4:00	
8-10	11-13	4:30 CARD 3	K=18/8, P=03, A=0 S=2
14-16	17-19	5:00 TV	
20-22	23-25	5:30 Sesame St.	K=11, P=02, A=2,4 S=1
26-28	29-31	6:00 CARTOONS	
32-34	35-37	6:30 Center closes at 6:00	
38-40	41-43	7:00	
44-46	47-49	7:30	
50-52	53-55	8:00	
		Total	

National Day Care Study

Abt Associates Inc.

CARD 1/3

OFFICE USE ONLY

01/02/03/04/05/06/07

TYPICAL ACTIVITY SCHEDULE

(1) Classroom ID:

Space Code
08/09

Lead Teacher

Age Range of Class: yrs. mos. to yrs. mos.
10/11 12/13 14/15 16/17

ter No.
Cumulative

K = # of Kids
P = Space Code

A = Ages of Kids From Other Groups
S = # of Staff Usually Present

Arrive	Depart	Activity	Groupings
18-20	21-23	6:00	
24-26	27-29	6:30	
30-32	33-35	7:00	
36-38	39-41	7:30	
42-44	45-47	8:00	
48-50	51-53	8:30	
54-56	57-59	9:00	
60-62	63-65	9:30	
66-68	69-71	10:00	
72-74	75-77	10:30	
8-10	11-13	11:00	CARD 2
14-16	17-19	11:30	
20-22	23-25	12:00	
26-28	29-31	12:30	
32-34	35-37	1:00	
38-40	41-43	1:30	
44-46	47-49	2:00	
50-52	53-55	2:30	
56-58	59-61	3:00	
62-64	65-67	3:30	
68-70	71-73	4:00	
8-10	11-13	4:30	CARD 3
14-16	17-19	5:00	
20-22	23-25	5:30	
26-28	29-31	6:00	
32-34	35-37	6:30	
38-40	41-43	7:00	
44-46	47-49	7:30	
50-52	53-55	8:00	
Total			

STAFF BACKGROUND QUESTIONNAIRE

National Day Care Study

OMB# 85R-0283
Expires 6/30/76

STAFF BACKGROUND QUESTIONNAIRE

The Staff Background Questionnaire is to be completed during the month of September with the Director and each caregiver who works with full-time three and four year old children.

Statement of Confidentiality

I would like to ask some questions about you, your work experience and your education. This information will help the National Day Care Study understand better the background of people who are working in day care. We can then determine what combinations of education and experience are most important for caregivers working with young children.

If you were with the center last spring and interviewed by our Study staff, some of these questions will seem familiar. We need to review the information to make certain that it is accurate and up-to-date.

Your participation is completely voluntary and any information you give us will be held strictly confidential. Under no circumstances will data on any individual be reported by name, either at this time or during the study.

Are you willing to answer questions about yourself, your work experience and your education?

☐

yes

☐

no

----- (FOR MASTER CODE: DESTROYED AFTER VERIFICATION) -----

Name _____

Staff Background Questionnaire - Item Instructions

- A-1
- Record the month and year that the staff member formally began working at the center on a regular basis, whether or not he/she was being paid.
 - Don't record the date a staff member began working as an occasional substitute or occasional volunteer.
- A-2
- Using the starting date recorded in A-1, record number of years staff member has been at the center (for verification of starting date) rounding to nearest half year.
 - Record each position held, in chronological order, beginning with the first position. Use the back of the sheet if necessary to enter additional positions.
 - Center job title should be written on the line provided and the 2-digit numeric code of the functional position which most closely corresponds to the exact job title should be entered in the coding boxes. Note that to assign the appropriate job code, you will have to establish whether the staff member is paid or is a volunteer.

<u>Paid</u>	<u>Vol</u>		<u>Paid</u>	<u>Vol</u>	
10	15	Director/Assistant	30	36	Social Worker
		Director	31	37	Education Specialist
11	16	Bookkeeper/Accountant	32	38	Other Program Staff
12	17	Other Administrative	40	45	Secretary/Clerical
		Staff	41	46	Janitor/Maintenance
20	25	Teacher	42	47	Cook/Cook Aide
21	26	Assistant Teacher/Aide	43	48	Driver/Driver Aide
22	27	Substitute Teacher	44	49	Other Support Staff
23	28	Other Classroom Staff			

- Current job should be recorded with the stopping month left blank and "99" entered under the stopping year. (This will make it clear that the job is current and that the stopping date wasn't omitted by error.)
- If the same job has been held at 2 or more different times with more than a 6 month break or if the staff member has worked at the same job on both a full and part-time basis (for longer than 6 months each) record each time separately.
- If space to record data is insufficient insert lines between printed lines or at the bottom of the page.
- If 2 or more positions have been held simultaneously, record each one separately--overlapping dates will indicate that the jobs were or are simultaneous.
- If the staff member was working in a full-time capacity and held 2 or more jobs, each of the jobs should be checked as a full-time job. If the staff member was working in a part-time capacity (less than 30 hours per week total), and held 2 or more jobs, each job should be checked as part time.

OFFICE USE ONLY

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Staff Alpha Code

8	9	10	11	12	13	14	15	16	17
---	---	----	----	----	----	----	----	----	----

Star

Star

A. PREVIOUS EXPERIENCE WORKING WITH CHILDREN 0-7 YEARS OF AGE.

First we would like some information about your experience working with children under seven years old.

A-1. When did you start working in this center?

Starting Date:

18	19
----	----

 /

20	21
----	----

month year

A-2. You've been here ____ years. During that time what positions, including your current position(s), have you held with this center? Let's start with your first position. Do you currently hold any other position?
(RECORD ONLY POSITIONS WHICH WERE HELD FOR AT LEAST 6 MONTHS UNLESS THE POSITION IS CURRENTLY BEING HELD.)

Position	Job Code	STARTING DATE		STOPPING DATE		(CHECK ONE)	
		Month	Year	Month	Year	01 FT	02 PT
						()	()
	22/23	24/25	26/27	28/29	30/31		
						()	()
	34/35	36/37	38/39	40/41	42/43		
						()	()
	46/47	48/49	50/51	52/53	54/55		
						()	()
	60/61	62/63	64/65	66/67			
						()	()
	70/71	72/73	74/75	76/77	78/79		
						()	()
	84/85	86/87	88/89	90/91	92/93		
						()	()
	96/97	98/99	00/01	02/03	04/05		

- A-3 • If the staff member has previously worked in one or more other day centers, A-3 should be checked "yes".
- A-4 • Answer A-4 if A-3 was checked "yes".
- Enter each center name beginning with the last center the staff member worked at before coming to this center.
 - Enter starting and stopping dates (month and year).
 - Indicate whether job primarily involved administrative work (director, bookkeeper, etc.), teaching in the classroom, educational specialization, or support work.
 - Indicate whether job was full or part-time.
 - Only record jobs which lasted six months or more.
 - If, while at the same center, the staff member held more than one kind of job (classroom, administrative, etc.) for more than six months or changed her status (full or part-time), record each event separately on a new line with the corresponding dates and work/status indicators entered.
 - Additional entries may be made between the lines.
- A-5 • If the staff member has previous experience working in preschool programs or other early childhood settings with children under the age of 7, not including day care centers, A-5 should be answered "yes".

A-3. Have you previously worked in other day care centers.

No () 02 → SKIP TO QUESTION A-5

Yes () 01 ↓

38/39

A-4. In which other centers have you worked?

(RECORD ONLY THOSE JOBS WHICH LASTED AT
LEAST SIX MONTHS.)

Center Name	STARTING DATE		STOPPING DATE		JOB FUNCTION					JOB STATUS	
	Month	Year	Month	Year	01 Administrative	02 Classroom Teacher	03 Responsibility Assistant	04 Program Specialist	05 Support	01 Full	02 Part
	40/41	42/43	44/45	46/47	()	()	()	()	()	()	()
	52/53	54/55	56/57	58/59	()	()	()	()	()	()	()
	64/65	66/67	68/69	70/71	()	()	()	()	()	()	()
ARD 3	3/9	10/11	12/13	14/15	()	()	()	()	()	()	()

A-5. Have you worked in any other pre-school programs or early childhood education settings?

No () 02 → SKIP TO QUESTION B-1.

Yes () 01 ↓

20/21

A-6 • A-6 should be answered only if A-5 was answered "yes".

- Any work experience which the student member may have had with children under 7, excluding work in day care centers, should be recorded, beginning with the most recent job.

- Briefly describe the type of setting and enter corresponding numeric code in the coding boxes.

01 Head Start

06 Church

02 Nursery School

07 Summer Camp

03 K-1

08 Other: SPECIFY

04 Other Elementary Grades

05 Home care - other people's
children

- Starting and stopping dates, job description category and status should be recorded as described in A-4 above.

- Do not include field placement of six months or less.

A-6. In what other pre-school or educational settings for children under 7 have you worked for more than six months?

SETTING	STARTING DATE			STOPPING DATE		JOB FUNCTION					JOB STATUS	
	Setting Code	Month / Year		Month / Year		01 Administrative	02 Classroom 1) Teaching	03 Responsibility 2) Assistant	04 Program Specialist	05 Director	01 FT	02 PT
						(CHECK ONLY ONE)					check one	
						()	()	()	()	()	()	()
	22/23	24/25	26/27	28/29	30/31	()	()	()	()	()	()	()
						()	()	()	()	()	()	()
	36/37	38/39	40/41	42/43	44/45	()	()	()	()	()	()	()
						()	()	()	()	()	()	()
	50/51	52/53	54/55	56/57	58/59	()	()	()	()	()	()	()
						()	()	()	()	()	()	()
	64/65	66/67	68/69	70/71	72/73	()	()	()	()	()	()	()
						()	()	()	()	()	()	()
	8/9	10/11	12/13	14/15	16/17	()	()	()	()	()	()	()
						()	()	()	()	()	()	()
	22/23	24/25	26/27	28/29	30/31	()	()	()	()	()	()	()
						()	()	()	()	()	()	()
	36/37	38/39	40/41	42/43	44/45	()	()	()	()	()	()	()
						()	()	()	()	()	()	()
	50/51	52/53	54/55	56/57	58/59	()	()	()	()	()	()	()
						()	()	()	()	()	()	()
	64/65	66/67	68/69	70/71	72/73	()	()	()	()	()	()	()

- B-1 • If staff member has held any other jobs that are not child-related, B-1 should be answered "yes".
- B-2 • All job experience not recorded in Section A should be recorded in question B-2.
- Briefly describe the specific job(s) (e.g., social worker, secretary, sales clerk, etc.) on the line corresponding to the job category.
 - Record the total years experience, rounded to the nearest year.

B. OTHER WORK EXPERIENCE.

CARD 5

Next we would like to know about any other work experience you have had which was not concerned with day care or early childhood education.

B-1. Have you held any other non-child related jobs?

No () 02 \longrightarrow SKIP TO QUESTION C-1.

Yes () 01 \longrightarrow

8/9

B-2. What types of jobs were they? (List only jobs held more than six months.)

	<u>Position</u>	<u>Specific Job</u>	<u>Years Experience</u>
01	<u>Other Educational Settings:</u> (high school, college, social service, social worker, counselor, minister, etc.)		
02	<u>Health Services:</u> (nurse, physical therapist, etc.)		
03	<u>Other Professional:</u> (scientist, analyst, accountant, etc.)		
04	<u>Service:</u> (beautician, practical nurse, private household worker, waitress, etc.)		
05	<u>Clerical:</u> (bank teller, bookkeeper, secretary, typist, etc.)		
06	<u>Manager, Administrator:</u> (sales manager, office manager, government official, etc.)		
07	<u>Sales:</u> (salesman, sales clerk, real estate broker, etc.)		
08	<u>Proprietor or Owner:</u> (owner of a small business, contractor, etc.)		
09	<u>Other</u>		

FOR OFFICE USE ONLY
JOB YRS. EMP.

1		10/11		20/21
2		12/13		22/23
3		14/15		24/25
4		16/17		26/27
5		18/19		28/29

- 1 • Circle the number which corresponds to the last year of schooling which the staff member has completed.
- If the staff member has a GED but only finished tenth grade, circle "12".
- If the staff member did not finish high school and does not have a GED, but nonetheless has schooling beyond high school circle the last level completed beyond high school.
- A full year's work at any level should have been completed before the year is circled.
- Vocational/technical training beyond high school should be recorded under "college".
- 2 • Beginning with high school diploma, list all degrees which the staff member has obtained, and the associated major area of interest or specialization.
- Assign the Degree and Specialization codes which most closely correspond to the staff member's response using the following code categories:

Diplomas/Degrees

01 High School Diploma	05 Bachelor's Degree
02 GED	06 Master's Degree
03 Vocational/Technical (post High School)	07 Ph.D., Ed.D or Equivalent
04 Associate's Degree	08 Other (Specify)

Specialization Areas

Day Care	10 Arts (arts, music, etc.)	16 Physical Education (physical education, dance, etc.)
Early Child Education	11 Social Work (family counseling, etc.)	17 Home economics (nutrition, home economics, etc.)
Elementary Education	12 Social Sciences (sociology, pol. science, etc.)	18 Other
Secondary Education	13 Physical and Natural Sciences (biology, math, chemistry, etc.)	
Special Education	14 Health professions (physical therapy, nursing, etc.)	
Other Education	15 Business (business admin., other admin., secretarial)	
Child Development/Child Psychology		
Psychology (other than Child Psychology)		
Humanities (English, history, languages, etc.)		

- If the staff member has two or more degrees at the same level (i.e., two Master's Degrees), list each one with its associated area of interest.
- Special degrees or programs requiring at least a full year's course work should be included--for example, record Atlanta Area Tech degree as "Atlanta Area Tech."
- 3 • "Currently expecting to complete a degree" requires that the staff member has applied to, been accepted for or is currently enrolled in a degree program. "Planning to go back to school someday" should not be recorded here.
- If the staff member is currently enrolled in a degree program, even if it isn't a full time program or if he/she has taken a leave of absence from the program, C-4 should be checked "yes".
- C-5 should be answered only if C-4 was checked "yes".
- The type of degree being obtained and the major area of interest or specialization should be entered on the appropriate lines using the codes provided on this page.

C. EDUCATIONAL BACKGROUND

We would now like to find out about your educational background.

- C-1. How many years of schooling have you completed?
(CIRCLE LAST YEAR OF SCHOOL COMPLETED.)

30/31	

Elementary & High School 1 2 3 4 5 6 7 8 9 10 11 12
 College 13 14 15 16
 Graduate School 17 18 19 20+

- C-2. What diplomas and degrees have you obtained? In which areas did you specialize or major while obtaining this (these) degree(s)? BEGIN WITH HIGH SCHOOL.

<u>Diploma or Degree</u>	<u>Degree Code</u>	<u>Area of Specialization</u>	<u>Specialization Code</u>								
_____	<table border="1"><tr><td></td><td></td></tr><tr><td colspan="2">32/33</td></tr></table>			32/33		_____	<table border="1"><tr><td></td><td></td></tr><tr><td colspan="2">34/35</td></tr></table>			34/35	
32/33											
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36/37											
38/39											
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40/41											
42/43											
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44/45											
46/47											
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48/49											
50/51											
_____	<table border="1"><tr><td></td><td></td></tr><tr><td colspan="2">52/53</td></tr></table>			52/53		_____	<table border="1"><tr><td></td><td></td></tr><tr><td colspan="2">54/55</td></tr></table>			54/55	
52/53											
54/55											

- C-3. Are you currently expecting to complete a degree?

No () 02 → SKIP TO QUESTION C-5

Yes () 01 ↓

56/57	

- C-4. Are you currently enrolled in a program?

No () 02 → SKIP TO QUESTION C-7.

Yes () 01 ↓

58/59	

- C-5. What type of degree(s) do you expect to obtain? What is your major area of interest or specialization?

<u>Diploma or Degree</u>	<u>Degree Code</u>	<u>Area of Specialization</u>	<u>Specialization Code</u>								
_____	<table border="1"><tr><td></td><td></td></tr><tr><td colspan="2">60/61</td></tr></table>			60/61		_____	<table border="1"><tr><td></td><td></td></tr><tr><td colspan="2">62/63</td></tr></table>			62/63	
60/61											
62/63											

- C-6 • If the staff member worked with children under 7 for six or fewer months as a part of a formal training program, C-6 should be checked "yes".
- C-7 • C-7, C-8 should be answered only if C-6 was checked "yes".
- The total number of such field placements should be entered in C-7.
- C-8 • The number of field placements (by length of placement) should be recorded in C-8; the three entries in C-8 boxes should total the number listed in C-7.
- If any field placement lasted more than six months, it should be recorded in the appropriate job experience.
- C-9 • C-9 should be checked "yes" if the staff member has either a legal document, granted by a licensed authority, allowing her to teach, or a special certificate granted by an educational institution, council, or day care organization, confirming that she has completed a program of course work specifically related to day care administration or the care and teaching of young children.
- Do not include any certificates awarded upon the completion of a single course, workshop, etc. unless the course is required by a licensing authority (or similar public agency).
- C-10 • Indicate with a check mark the areas of certification and who granted the certification.

C-6. Have you participated in supervised practice teaching, student internship or field placements with children under seven years of age as part of your degree work or vocational training?

No () 02 → SKIP TO QUESTION C-9.

Yes () 01

64/65

C-7. How many such placements have you completed?

Number 66/67

C-8. How many of the _____ placements lasted:

Less than 1 month 68/69

1 - 3 months 70/71

4 - 6 months 72/73

C-9. Have you obtained any certificates in day care administration, child care, preschool education or any other educational area relating to young children?

No () 02 → SKIP TO QUESTION C-11.

Yes () 01

74/75

C-10. In what areas are you certified and by whom was the certification granted? (CHECK ALL THAT APPLY.)

Area	Granted by:				Date
	State	College	Prof Assoc.	Other (SPECIFY)	
Early Childhood Ed.	()	()	()	()	<input type="text"/> <input type="text"/> 8/9/10/11
Preschool Education	()	()	()	()	<input type="text"/> <input type="text"/> 12/13/14/15
Nursery Practices	()	()	()	()	<input type="text"/> <input type="text"/> 16/17/18/19
Kindergarten	()	()	()	()	<input type="text"/> <input type="text"/> 20/21/22/23
Elementary Ed.	()	()	()	()	<input type="text"/> <input type="text"/> 24/25/26/27
Secondary Ed.	()	()	()	()	<input type="text"/> <input type="text"/> 28/29/30/31
Other: (SPECIFY)	()	()	()	()	<input type="text"/> <input type="text"/> 32/33/34/35

CARD 6

- C-11 • Only courses, workshops and training sessions which the staff member has completed in the past three years or which she is currently taking should be recorded.
- Do not include courses which were taken as part of a degree program.
 - The number of courses, workshops, etc. completed should be recorded in the first column of boxes, and the number of courses which are currently being taken should be entered in the second column of boxes.
- C-12 • If the staff member would like to have any additional training or formal education C-12 should be checked "yes".
- C-13 • C-13 should be answered only if C-12 was checked "yes".
- Check the kind of education program in which the staff member would like to participate.
 - If the staff member indicates that several types of training programs would be helpful, ask her to indicate the one which would be most helpful or feasible at the present time.
 - Only one response should be checked.


C-11. I would like to find out how many courses, workshops, and/or training sessions you have completed in each of the following areas. I would also like to know what courses or training you are currently taking in these areas. (ENTER ALL THAT APPLY)

	Number Completed	Number Currently Taking
01 Day care administration	<input type="text"/> 36/37	<input type="text"/> 38/39
02 Use of materials in day care	<input type="text"/> 40/41	<input type="text"/> 42/43
03 Day care teaching	<input type="text"/> 44/45	<input type="text"/> 46/47
04 Day care curriculum development	<input type="text"/> 48/49	<input type="text"/> 50/51
05 Child development/psychology	<input type="text"/> 52/53	<input type="text"/> 54/55
06 Family life/counseling	<input type="text"/> 56/57	<input type="text"/> 58/59
07 Human relations	<input type="text"/> 60/61	<input type="text"/> 62/63
08 Creative arts	<input type="text"/> 64/65	<input type="text"/> 66/67
09 Child play/recreation	<input type="text"/> 68/69	<input type="text"/> 70/71
10 Health/nutrition	<input type="text"/> 72/73	<input type="text"/> 74/75
11 Other: <u>SPECIFY</u>	<input type="text"/> 8/9	<input type="text"/> 10/11
	<input type="text"/> 12/13	<input type="text"/> 14/15
	<input type="text"/> 16/17	<input type="text"/> 18/19

CARD 7

C-12. Would you like to have additional training or formal education to help you in your work?

No () 02  SKIP TO SECTION D.

Yes () 01 

C-13. How would you like to receive this training?

(CHECK ONLY ONE.)

01 () Through workshops or training programs

02 () Through formal course work

03 () Through a degree program

04 () Other: SPECIFY

30/21

22/23

- C-14
- Check categories of interest expressed by staff member.
 - Check up to three categories.

C-14. In which of the following areas would you like to receive more training? (CHECK UP TO THREE.)

- | | | |
|----|---------------------------------------|-----|
| 01 | Day care administration | () |
| 02 | Use of materials in day care programs | () |
| 03 | Day care teaching | () |
| 04 | Day care curriculum development | () |
| 05 | Child development/psychology | () |
| 06 | Family life/counseling | () |
| 07 | Human relations | () |
| 08 | Creative arts | () |
| 09 | Child play/recreation | () |
| 10 | Health/nutrition | () |
| 11 | Other: <u>SPECIFY</u> | () |

24/25	

26/27	

28/29	

- D-1
- Record the staff member's birth month, day, and year.
 - If she is reluctant to give this information, estimate her age and enter in the margin (i.e., leave the boxes blank).
- D-2
- Record the number of persons who currently are living in the staff member's home.
 - Include all children, parents, relatives or other persons who live in the household.
- D-3
- D-3 should be checked "yes" if the staff member has either natural or adopted children, whether or not they presently live at home.
 - Include any foster children who are currently being cared for by the staff member.
 - Do not include former foster children.
- D-4
- Enter the total number of children the staff member has, as described in D-3.
- D-5
- Enter the total number of children according to the children's age ranges.
 - The total number of children recorded in D-5 should equal the number entered in D-4.
- D-6
- Question D-6 should be checked "yes" if any natural, adopted or foster child is currently enrolled in this day care center, whether or not he is enrolled full time.
- D-7
- D-7 should be answered only if D-6 was checked "yes".
 - Enter the total number of children of the staff member who are enrolled at this day care center.
 - Include any children who are given after school care at the center.

D. PERSONAL BACKGROUND

Finally, we would like to ask you some questions about your background and family.

Mo. Day Year

D-1. What is your date of birth? / /
(IF PERSON REFUSES -- ESTIMATE)

30/31


D-2. How many persons are there in your household?

SPECIFY NUMBER

32/33

D-3. Do you have any children?

No () 02  SKIP TO QUESTION D-11.

Yes () 01 

34/35

D-4. How many children do you have?

SPECIFY NUMBER

36/37

D-5. How many are:

Under 3 years old 38/39

3-5 years old 40/41


6-12 years old 42/43

13-18 years old 44/45

Over 18 years old 46/47

D-6. Are any of your children enrolled in this day care center?

No () 02  SKIP TO QUESTION D-8.

Yes () 01 

48/49

D-7. How many are enrolled here?

SPECIFY NUMBER

50/51

- D-8 • If any natural, adopted or foster children are currently being cared for using a day care arrangement which does not involve this center, D-8 should be checked "yes".
- D-9 • The total number of children receiving another form of day care should be entered in D-9.
- D-10 • All of the types of day care which the staff member is regularly using should be checked in D-10.
- If one child regularly receives two or more types of day care, check each type.
- D-11 • D-11 should be checked only if the staff member is being paid for working outside this day care center.
- Include both day care and non-day care positions.
- Do not include volunteer work or caring for one's own family.
- D-12 • D-12 should be answered only if D-11 was checked "yes".
- Enter the number of additional hours worked per week.
- If this number varies from week to week, ask the staff member to estimate the average number of hours worked per week during the past 6 months.
- D-13 • If the staff member has other sources of income, either from jobs held by other family members, alimony and/or child support, income from rental properties or investments, etc. D-13 should be checked "yes".

D-8. Are you currently using other day care arrangements for any of your children?

No () 02 → SKIP TO QUESTION D-11
 Yes () 01 ↓

52/53

D-9. How many are receiving another form of child care?

SPECIFY NUMBER :
 54/55

D-10. What types of day care are you using?
 (CHECK ALL THAT APPLY.)

Day care center	()	<input type="text"/> <input type="text"/> 56/57
Nursery school	()	<input type="text"/> <input type="text"/> 58/59
Licensed family day care home	()	<input type="text"/> <input type="text"/> 60/61
Own home	()	<input type="text"/> <input type="text"/> 62/63
Another home	()	<input type="text"/> <input type="text"/> 64/65
Other: SPECIFY	()	<input type="text"/> <input type="text"/> 66/67

D-11. Are you holding any other jobs in addition to your day care position?

No () 02 → SKIP TO QUESTION D-13
 Yes () 01 ↓

68/69

D-12. How many hours per week do you work at other jobs?

SPECIFY HOURS
 70/71

D-13. Are there any other sources of income in your household other than from your job(s)?

No () 02 → SKIP TO QUESTION D-15
 Yes () 01 ↓

72/73

- D-14 • D-14 should be answered only if D-13 was checked "yes".
- If the staff member's salary from the day care position plus her salary from any other jobs which she may be holding provides at least half of the regular family income, D-14 should be checked "yes".
- D-15 • The concept of "neighborhood" is difficult to define precisely. Hence the staff member should be allowed to define "neighborhood" subjectively - i.e., if, in her opinion, she lives in the same neighborhood, "yes" should be checked; otherwise "no" should be indicated.
- D-16 • Enter the approximate number of miles required to travel directly from the staff member's home to the day care center.
- Two decimal places are provided so that short distances may be accurately recorded.
 - It is not necessary to record long distances to the nearest fraction of a mile.

D-14. Do you provide the principal (greatest) income?

No () 02

Yes () 01

☐ ☐
8/9

D-15. Do you live in the same neighborhood as this day care center?

No () 02

Yes () 01

☐ ☐
10/11

D-16. How many miles is your home from the center?

SPECIFY MILES

☐ ☐
12/13

☐ ☐
14

Minutes to Complete: ☐ ☐
62/63

Date Form Completed: ☐ ☐ / ☐ ☐ / ☐ ☐
month day year

Staff Providing Info & Minutes Required:

mins.

☐ ☐ 70/71

☐ ☐ 72/73

☐ ☐ 74/75

Completed by: _____

☐ ☐
60/61

OFFICE USE
ONLY.
FORM CODE

☐ ☐ 76/77

CHANGE OF STATUS RECORDS

- A.1 Daily Record of Child Absences
- A.2 Daily Record of Staff Absences
- B.1 Record of Replacement Staff
- B.2 Record of Enrichment Staff
- C.1 New Child Intake Record
- C.2 New Staff Intake Record
- D.1 Child Termination Record
- D.2 Staff Termination Record
- E.1 In-Center Child Transfer Record
- E.2 In-Center Staff Transfer Record
- F.1 Child Change of Schedule Report
- F.2 Staff Change of Schedule Report
- H. Program Change Report

109

Alfa Associates, Inc.

Space Code: 18/19

⁶Lead Teacher
yrs. . . mos.

Age Range of Class:

20/2

22/2

to

261

Center _____

Site _____

month

day

vea

Week Ending

28/2

30/31

32/31

B.2 RECORD OF ENRICHMENT STAFF

[illegible]

Minutes to Complete:

62/63

Staff Providing Info & Minutes Required:

70/71

70/71	
72/73	

14	95
----	----

Date Form Completed:

month

clay

year

64/65

66/6

68

Completed by:

OMB # 85R-0283

Expires: 6/30/76

OFFICE
USE ONLY
FORM CODE

76/77

Abt Associates Inc.

Site _____

01	02	03	04	05	06	07
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- OFFICE
USE ONLY
FORM CODE

National Day Care Study

For use by day care

Name _____

Center _____

Site _____

OFFICE USE ONLY

01 07

C.2. NEW STAFF INTAKE RECORD

Date Began Working for Center _____

(1) Staff ALPHA Code _____

(2) Primary Job Title _____ (3) Sec. Job Title _____

(4) Primary Classroom Assignment (IF APP.) _____

Space Code _____ Lead Teacher _____

Age Range of Class: _____ yrs. _____ mos. _____ yrs. _____ mos.

(5) Secondary Classroom Assignment (IF APP.) _____

Space Code _____ Lead Teacher _____

Age Range of Class: _____ yrs. _____ mos. _____ yrs. _____ mos.

(6) Total hours working/week _____

Number of hours paid by center _____

Number of hours exchanged for child care _____

Number of hours paid by third party _____

Number of hours volunteered _____

(7) Total Salary/Wage: \$ _____ per.

(Including center and 3rd party payments)

Hour () 01 Day () 02 Week () 03
Biweekly () 04 Month () 05 Year () 06

(8) Sex: Male () 01 Female () 02

(9) Race: Black () 01 White () 02 Other () 03

(10) Is this person: Permanent, full year () 01

Temporary () 02

Expected leaving date: _____ mos. _____ yrs.

(11) Full Weekly Schedule

Arrive

Depart

(12) Weekly Schedule in Target Classroom

Arrive

Depart

CARD 2

M 03/02 13/11 12/15 11/15
T 16/17 13/13 20/21 22/23
W 24/25 10/27 23/29 30/31
Th 32/33 34/35 30/37 26/39
F 40/41 42/43 44/45 46/47
S 48/49 50/51 52/53 54/55

CARD 3

M 03/02 10/11 12/13 14/15
T 16/17 18/19 20/21 22/23
W 24/25 26/27 28/29 30/31
Th 32/33 34/35 36/37 38/39
F 40/41 42/43 44/45 46/47
S 48/49 50/51 52/53 54/55

(13) Is this person replacing someone who works/worked in the center?

Yes () 01 No () 02

Give ALPHA code and job title of person replaced

Staff ALPHA Code _____ Job Title _____

(14) Level of Education:

High school not completed () 01

College degree () 04

High school grad. or GED () 02

Advanced degree () 05

Some college () 03

Minutes to Complete _____

Date Form Completed _____

Staff Providing info & Making Request _____

Completed by _____

CMB 4056-1203
Expires _____

OFFICE
USE ONLY
FORM 101F

National Day Care Study

Abt Associates Inc.

Center _____

Site _____

OFFICE USE ONLY

01/02/03/04/05/06/07

D.1 CHILD TERMINATION RECORD

(1) Classroom ID:

Space Code
08/09

Lead Teacher _____

Age Range of Class: yrs. mos. to yrs. mos.
10/11 12/13 14/15 16/17

(2) Child ALPHA code

18/19/20/21/22/23/24/25/26/27

(3) Date of Termination

month day year
28/29 30/31 32/33

(4) Reason for Termination (Check One)

Detailed Reason

34/35

No Longer needs center care

() 01

No longer satisfied with care

() 02

Moved from area

() 03

Illness (child)

() 04

Illness (family)

() 05

Transferred to another center

() 06

Child progresses to school (K-1)

() 07

No longer eligible

() 08

Can no longer afford center care

() 09

Lack of Transportation

() 10

Other (Specify):

() 11

Minutes to Complete:
62/63

Date Form Completed: month day year
64/65 66/67 68/69

Staff Providing Info & Minutes Required:

70/71 mins.
72/73 mins.
74/75 mins.

Completed by: _____

OMB # 85R-0283
Expires: 6/30/76

60/61

OFFICE
USE ONLY
FORM CODE

76/77

114

National Day Care Study

Abt Associates Inc.

Center _____

Site _____

OFFICE USE ONLY

01/02/03/04/05/06/07

D.2 STAFF TERMINATION RECORD

(1) Classroom ID:
(IF APPLICABLE)

Space Code
08/09

Lead Teacher _____

Age Range of Class: yrs. mos. to yrs. mos.
10/11 12/13 14/15 16/17

(2) Staff ALPHA code
18/19/20/21/22/23/24/25/26/27

(3) Date of Termination month day year
28/29 30/31 32/33

(4) Primary Job _____ Job Code Secondary Job _____ Job Code
34/35 36/37

(5) Reason for Termination (Check One)

Illness () 01 Retirement () 06
Pregnancy () 02 Dismissal () 07
Better paying job () 03 Personal Reasons () 08
Further education () 04 Lack of Transportation () 09
Moving from area () 05 Other (Specify): _____ () 10

Detailed Reason _____

(6) Has this staff member been replaced yet?

Yes () 01 No () 02

40/41

(7) Will a replacement be recruited and hired? month year

Yes () 01 Expected date of hire
44/45 46/47

42/43

No () 02 Specify Reasons: _____

Minutes to Complete:
62/63

Date Form Completed: month day year
64/65 66/67 68/69

Staff Providing Info & Minutes Required:

_____ mins.
70/71
_____ mins.
72/73
_____ mins.
74/75

Completed by: _____

OMB #85R-0283
Expires: 6/30/76

60/61

OFFICE
USE ONLY
FORM CODE

76/77

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY

01							07

Center _____

Site _____

E.1 IN-CENTER CHILD TRANSFER RECORD

(1) Child ALPHA Code

08										17							

(2) Date of Transfer

mo.		day		yr.	
20/21		22/23		24/25	

(3) Old Classroom ID:

Space Code:			Lead Teacher				
	26/27	yrs.	mos.	yrs.	mos.		
Age Range of Class:					to		
	28/29	30/31	32/33	34/35			

(4) New Classroom ID:

Space Code:			Lead Teacher				
	36/37	yrs.	mos.	yrs.	mos.		
Age Range of Class:					to		
	38/39	40/41	42/43	44/45			

(5) Reason for Transfer: _____

(6) New Schedule:

	Arrive		Depart	
M				
	46/47	48/49	50/51	52/53
T				
	54/55	56/57	58/59	60/61
W				
	62/63	64/65	66/67	68/69
Th				
	70/71	72/73	74/75	76/77
F				
	20/21	22/23	24/25	26/27
S				
	28/29	30/31	32/33	34/35

CARD 2

Minutes to Complete:

62/63	

Staff Providing Info & Minutes Required:

_____			mins.
_____			mins.
_____			mins.
_____			mins.

Date Form Completed:

month	day	year
64/65	66/67	68/69

Completed by: _____

OMB # 85R-0283
Expires: 6/30/76

60/61	

OFFICE
USE ONLY
FORM CODE

76/77	

Abt Associates Inc.

01

07

Site _____

08 17

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY

01							07

Center _____

Site _____

CARD 1

F.1 CHILD CHANGE OF SCHEDULE

(1) Child ALPHA Code

--	--	--	--	--	--	--	--	--	--

08 17

(2) Classroom ID:

Space Code:	<table border="1"><tr><td></td><td></td></tr></table>			Lead Teacher	<table border="1"><tr><td></td><td></td></tr></table>		
	20/21	yrs.	mos.				
Age Range of Class:	<table border="1"><tr><td></td><td></td></tr></table>			to	<table border="1"><tr><td></td><td></td></tr></table>		
	22/23	24/25	26/27 28/29				

(3) Old Schedule

(4) New Schedule

	Arrive	Depart		Arrive	Depart																									
M	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>					CARD 2	M	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>				
	30/31 32/33 34/35 36/37				08/09 10/11 12/13 14/15																									
T	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>						T	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>				
	38/39 40/41 42/43 44/45				16/17 18/19 20/21 22/23																									
W	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>						W	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>				
	46/47 48/49 50/51 52/53				24/25 26/27 28/29 30/31																									
Th	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>						Th	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>				
	54/55 56/57 58/59 60/61				32/33 34/35 36/37 38/39																									
F	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>						F	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>				
	62/63 64/65 66/67 68/69				40/41 42/43 44/45 46/47																									
S	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>						S	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>				
	70/71 72/73 74/75 76/77				48/49 50/51 52/53 54/55																									

Minutes to Complete:

--	--

 62/63

Staff Providing Info & Minutes Required:

_____	<table border="1"><tr><td></td><td></td></tr></table> mins.		
_____	<table border="1"><tr><td></td><td></td></tr></table> mins.		
_____	<table border="1"><tr><td></td><td></td></tr></table> mins.		

Date Form Completed:

--	--

 month

--	--

 day

--	--

 year

--	--

64/65 66/67 68/69

Completed by: _____

OMB # 85R-0283
Expires: 6/30/76

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60/61

OFFICE
USE ONLY
FORM CODE

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76/77

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY

01							07

Center _____

Site _____

F.2 STAFF CHANGE OF SCHEDULE REPORT

(1) Classroom ID:

Space Code:	<input type="text"/>	Lead Teacher	<input type="text"/>
	18/19	yrs.	mos.
Age Range of Class:	<input type="text"/>	<input type="text"/>	to <input type="text"/> <input type="text"/>
	20/21	22/23	24/25 26/27

(2) Staff ALPHA code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08							17

(3) Old Full Weekly Schedule

	Arrive	Depart
M	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	28/29 30/31	32/33 34/35
T	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	36/37 38/39	40/41 42/43
W	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	44/45 46/47	48/49 50/51
Th	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	52/53 54/55	56/57 58/59
F	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	60/61 62/63	64/65 66/67
S	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	68/69 70/71	72/73 74/75

(4) New Full Weekly Schedule

CARD 2

	Arrive	Depart
M	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	08/09 10/11	12/13 14/15
T	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	16/17 18/19	20/21 22/23
W	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	24/25 26/27	28/29 30/31
Th	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	32/33 34/35	36/37 38/39
F	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	40/41 42/43	44/45 46/47
S	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	48/49 50/51	52/53 54/55

(5) New Weekly Schedule in this Classroom

	Arrive	Depart
M	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	08/09 10/11	12/13 14/15
T	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	16/17 18/19	20/21 22/23
W	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	24/25 26/27	28/29 30/31
Th	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	32/33 34/35	36/37 38/39
F	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	40/41 42/43	44/45 46/47
S	<input type="text"/> : <input type="text"/> / <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/>
	48/49 50/51	52/53 54/55

(6) COMMENTS

Minutes to Complete: :

Staff Providing Info & Minutes Required:

<input type="text"/>	mins.
70/71	
<input type="text"/>	mins.
72/73	
<input type="text"/>	mins.
74/75	

Date Form Completed:

month	day	year
<input type="text"/>	<input type="text"/>	<input type="text"/>
64/66	66/67	68/69

Completed by: _____

OMB # 85R-0283
Expires: 6/30/76

<input type="text"/>
60/61

OFFICE
USE ONLY
FORM CODE

<input type="text"/>
76/77

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY

01				05

Center _____

Site _____

Week Ending

month
06/07

day
08/09

year
10/11

H. PROGRAM CHANGE REPORT

PEOPLE

= Changes in key personnel, sponsor agency contact or agency itself, unusual or high staff or child turnover or change in enrollment or staffing, etc.:

PROGRAM

= Changes in hours of operation, age groups served, organization or grouping of children, philosophy or goals of the program, financial status, or sources of funds, other funding changes, unscheduled shutdowns, etc.:

FACILITIES

= Changes, including major renovations, a move to another facility, expansion of present facility, damage to facility by fire, flood, wind, or storms, changes in transportation, etc.:

Minutes to Complete:

62/63	

Staff Providing Info & Minutes Required:

_____	<table border="1"><tr><td></td><td></td></tr><tr><td>70/71</td></tr></table> mins.			70/71
70/71				
_____	<table border="1"><tr><td></td><td></td></tr><tr><td>72/73</td></tr></table> mins.			72/73
72/73				
_____	<table border="1"><tr><td></td><td></td></tr><tr><td>74/75</td></tr></table> mins.			74/75
74/75				

Date Form Completed:

month

64/65	

day

66/67	

year

68/69	

Completed by: _____

OMB # 85R-0283
Expires: 6/30/76

60/61	

OFFICE
USE ONLY
FORM CODE

76/77	

CHILD/FAMILY AND PARENT PARTICIPATION
SERVICE RECORD

Abt Associates Inc

(1) Class ID:

Center _____

Site _____

Lead Teacher
yrs. mos.

26/27

year
32/33

[illegible]

62/63

70	71	mins.
72	73	mins.
74	75	mins.

month

--	--

64/65

day
66/67

68/69	
-------	--

OMB # 85R-0283
Expires: 6/30/76

OFFICE
USE ONLY
FORM-COD

FIELD TRIP RECORD

01				05

Center _____

Site _____

Week Ending

month	day	year
06/07	08/09	10/11

J. FIELD TRIP RECORD

(1) Classroom ID	(2) Date Mo/Day/Year	(3) Description or Destination of Field Trip	(4) Length In Hours	(5) # Children Attending In THIS CLASSROOM
<p>a. Space Code: <input type="text"/> <input type="text"/> 12/13</p> <p>Lead Teacher _____</p> <p>Age Range of Class: <input type="text"/> yrs. <input type="text"/> mos. to <input type="text"/> yrs. <input type="text"/> mos.</p> <p>14/15 16/17 18/19 20/21</p>	<p>mo. day yr.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>22/23 24/25 26/27</p>	<p>28 _____ 46 _____</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>47/48 49</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>50/51/52</p>
<p>b. Space Code: <input type="text"/> <input type="text"/> 12/13</p> <p>Lead Teacher _____</p> <p>Age Range of Class: <input type="text"/> yrs. <input type="text"/> mos. to <input type="text"/> yrs. <input type="text"/> mos.</p> <p>14/15 16/17 18/19 20/21</p>	<p>mo. day yr.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>22/23 24/25 26/27</p>	<p>28 _____ 46 _____</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>47/48 49</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>50/51/52</p>
<p>c. Space Code: <input type="text"/> <input type="text"/> 12/13</p> <p>Lead Teacher _____</p> <p>Age Range of Class: <input type="text"/> yrs. <input type="text"/> mos. to <input type="text"/> yrs. <input type="text"/> mos.</p> <p>14/15 16/17 18/19 20/21</p>	<p>mo. day yr.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>22/23 24/25 26/27</p>	<p>28 _____ 46 _____</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>47/48 49</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>50/51/52</p>
<p>d. Space Code: <input type="text"/> <input type="text"/> 12/13</p> <p>Lead Teacher _____</p> <p>Age Range of Class: <input type="text"/> yrs. <input type="text"/> mos. to <input type="text"/> yrs. <input type="text"/> mos.</p> <p>14/15 16/17 18/19 20/21</p>	<p>mo. day yr.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>22/23 24/25 26/27</p>	<p>28 _____ 46 _____</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>47/48 49</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>50/51/52</p>
<p>e. Space Code: <input type="text"/> <input type="text"/> 12/13</p> <p>Lead Teacher _____</p> <p>Age Range of Class: <input type="text"/> yrs. <input type="text"/> mos. to <input type="text"/> yrs. <input type="text"/> mos.</p> <p>14/15 16/17 18/19 20/21</p>	<p>mo. day yr.</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>22/23 24/25 26/27</p>	<p>28 _____ 46 _____</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>47/48 49</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>50/51/52</p>

Minutes to Complete: 62/63

Staff Providing Info & Minutes Required:

_____ mins.

70/71

_____ mins.

72/73

_____ mins.

74/75

Date Form Completed: month day year

64/65 66/67 68/69

Completed by: _____

OMB # 85R-0283

Expires: 6/30/76

60/61

OFFICE
USE ONLY
FORM CODE

76/77

STAFF MEETING/TRAINING RECORD

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY

01				05

Center _____

Site _____

Week Ending *month* *day* *year*

06/07 08/09 10/11

K. STAFF MEETING/TRAINING

(1) All Staff Meetings

Date	Duration in Hours	Number Present	Major Topic
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 12/13 14/15	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 16/17 18	<input type="text"/> <input type="text"/> 19/20	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 21/22
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 23/24 25/26	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 27/28 29	<input type="text"/> <input type="text"/> 30/31	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 32/33
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 34/35 36/37	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 38/39 40	<input type="text"/> <input type="text"/> 41/42	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 43/44

(2) Small Group/Team Meetings (FOR TARGET CLASSROOMS)

Date	Duration in Hours	Total Number Present	Number Target Staff Present	Major Topic
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 45/46 47/48	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 49/50 51	<input type="text"/> <input type="text"/> 52/53	<input type="text"/> <input type="text"/> 54/55	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 56/57
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 58/59 60/61	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 62/63 64	<input type="text"/> <input type="text"/> 65/66	<input type="text"/> <input type="text"/> 67/68	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 69/70
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 71/72 73/74	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 75/76 77	<input type="text"/> <input type="text"/> 06/07	<input type="text"/> <input type="text"/> 08/09	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 10/11
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 12/13 14/15	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 16/17 18	<input type="text"/> <input type="text"/> 19/20	<input type="text"/> <input type="text"/> 21/22	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 23/24

CARD 2

(3) Staff Training/Workshops

Date	Duration in Hours	Number Present	Topic	Agency Given by
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 25/26 27/28	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 29/30 31	<input type="text"/> <input type="text"/> 32/33	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 34/35	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 36/37
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 36/37 38/39	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 40/41 42	<input type="text"/> <input type="text"/> 43/44	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 45/46	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 47/48
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 47/48 49/50	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 51/52 53	<input type="text"/> <input type="text"/> 54/55	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 56/57	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 58/59
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 58/59 60/61	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 62/63 64	<input type="text"/> <input type="text"/> 65/66	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 67/68	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 69/70
<i>Mo.</i> <input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> 69/70 71/72	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 73/74 75	<input type="text"/> <input type="text"/> 76/77	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 78/79	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 80/81

128

115

National Day Care Study

Abr Associates Inc

OFFICE USE ONLY

01			05

Center _____

Site _____

Week Ending

month	day	year
06/07	08/09	10/11

K. STAFF MEETING/TRAINING CON'T.

(4) Special Events

Date	Duration in Hours	Number Present	Description (PURPOSE)																				
Mo. <table border="1"><tr><td></td><td></td></tr><tr><td>17/18</td><td></td></tr></table> Day <table border="1"><tr><td></td><td></td></tr><tr><td>19/20</td><td></td></tr></table>			17/18				19/20		<table border="1"><tr><td></td><td></td></tr><tr><td>21/22</td><td></td></tr></table> 23			21/22		<table border="1"><tr><td></td><td></td></tr><tr><td>24/25</td><td></td></tr></table>			24/25		<table border="1"><tr><td></td><td></td></tr><tr><td>26/27</td><td></td></tr></table>			26/27	
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26/27																							
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06/07																							
08/09																							
10/11																							
13/14																							
15/16																							

RD 4

(5) Narrative Statement

Minutes to Complete:

62/63	

Staff Providing Info & Minutes Required:

_____	<table border="1"><tr><td></td><td></td></tr><tr><td>70/71</td><td></td></tr></table> mins.			70/71	
70/71					
_____	<table border="1"><tr><td></td><td></td></tr><tr><td>72/73</td><td></td></tr></table> mins.			72/73	
72/73					
_____	<table border="1"><tr><td></td><td></td></tr><tr><td>74/75</td><td></td></tr></table> mins.			74/75	
74/75					

Date Form Completed:

month	day	year												
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66/67														
68/69														

Completed by: _____

OMB # 85R-0283
Expires: 6/30/76

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OFFICE
USE ONLY
FORM CODE

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STAFF/CHILD RATIO OBSERVATION INSTRUMENT

2.2 The Research Cost Accounting System

The Research Cost Accounting System (RCAS) has been designed to collect financial data from the day care centers participating in the study. These data will include receipts, expenditures, non-cash (e.g., depreciation) and in-kind contributions (e.g., donations). The cost analysis to be performed later in the study will make use of the information generated by this data collection system.

Ten data collection forms are included in the RCAS. Brief descriptions, which indicate purpose, frequency of completion, and responsibility for completion are given below.

- Start-up Inventory or Accounting Practices identifies the major characteristics of the center's accounting system which may require or allow certain modifications in the RCAS for that center. It also identifies unusual problems which may substantially complicate data collection.

Frequency: One time report

When: September 1975

Who: Cambridge Staff

- Inventory of Accounts identifies prepayments and postpayments of both the income and expense side of each cash-basis center's accounts. These payments will become adjustments to 12 month cash-base figures to provide annual accrual-basis results.

Frequency: Two time report

When: September 1975, May 1976

Who: Cambridge Staff

- Statement of Current Expense is used to record cash expenditures, non-cash costs and the value of in-kind contributions.

Frequency: Monthly

When: Phase II: Ongoing

Who: Center Director, bookkeeper, Center Secretary, or Data Coordinator depending upon the arrangements made with each Center Director

• Statement of Current Income was designed to record receipts and values of in-kind contributions.

Frequency: Monthly

When: Phase II: Ongoing

Who: Center Director, bookkeeper, Center Secretary
or Data Coordinator depending upon the arrangements
made with each Center Director.

• Worksheet for Donated Services is used to record and estimate the value of in-kind contributions of volunteer and professional services for inclusion in the Statements of Current Income and Expense.

Frequency: As donations occur; submitted monthly

When: Phase II: Ongoing

Who: Center Secretary

• Worksheet for Donated Land and Building is used to record and estimate the value of in-kind contributions of land and buildings for inclusion in the statements of Current Income and Expense.

Frequency: As donations occur; submitted monthly

When: Phase II: Ongoing

Who: Center Secretary

• Worksheet for Donated Supplies is used to record and estimate the value of in-kind contributions of supplies for inclusion in the Statements of Current Income and Expense.

Frequency: As donations occur; submitted monthly

When: Phase II: Ongoing

Who: Center Secretary

• Worksheet for Donated Equipment is used to record and estimate the value of in-kind contributions of equipment for inclusion in the Statements of Current Income and Expense.

Frequency: As donations occur; submitted monthly

When: Phase II: Ongoing

Who: Center Secretary

• Depreciation Worksheet is used to record inventory and to estimate depreciation expense for inclusion in statement of Income Expense.

Frequency: Completed as new depreciable assets are acquired

When: Phase II: Ongoing

Who: Center Secretary

• Employee Compensation Worksheet is used to record salary and fringe benefit information for each employee.

Frequency: One-time report

When: Once, at end of accounting period

Who: Center Director, bookkeeper, Center Secretary or Data Coordinator depending on arrangements made with Center Director

The two primary data collection forms -- Statement of Current Income and The Statement of Current Expense -- have been designed to reflect individual center account titles and numbers. In many centers further detail is required to complete the forms than is being maintained in the center's records. In these cases requests for further detail have been made and agreements have been reached for completing these forms accurately. Based upon these agreements and our review of each centers' accounting system during the administration of the Start-up Inventory of Accounting Practice, center-specific plans have been developed to provide guidance to the person completing the forms. In addition, the plan includes center-specific forms to be completed monthly during the period October through May.

An example of each RCAS form, together with instructions for completing the form, follows.

RCAS TABLE OF CONTENTS

	<u>Page</u>
Start-up Inventory of Accounting Practices	123
Inventory of Accounts	139
Statement of Current Income	146
Statement of Current Expense	149
Worksheet for Donated Services	154
Worksheet for Donated Land and Buildings	156
Worksheet for Donated Supplies	158
Worksheet for Donated Equipment	160
Depreciation Worksheet	162
Employee Compensation Worksheet	164

START-UP INVENTORY OF ACCOUNTING PRACTICES

OFFICE USE ONLY

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START-UP INVENTORY OF ACCOUNTING PRACTICES

Center _____

Date _____

Phone () - _____

Site _____

Interviewer _____

Respondent _____

Position _____

The following is a list of forms you should collect from each center after administering the questionnaire:

Chart of Accounts
Journal and Ledger Forms and Column Headings
Payroll Ledger Form or Payroll Card or Timesheet
Checkbook Sheet, Receipts, Invoices, Other Forms
Encumbrance Requisition for Payment Form
Printouts for Computerized Systems
Statements, Monthly or Quarterly
Audited Statements
Reports containing Financial Data
Donations Worksheets or Recording Forms

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For your records, please enter the name of the center you visited below and indicate which forms you obtained.

Center _____

I. General Accounting System

1. Do you have a system for keeping formal records (journals and ledgers) of the center's operations?

Yes ☐ Go to Question 2

No ☐ → (Comments) _____

2. Do you have detailed records or files (i.e. receipts, cancelled checks, invoices, etc.) of the following types of transactions? Check all that apply.

- a. receipts of cash and other income ☐
b. payroll payments to employees ☐
c. expenditures paid by check or cash ☐

3. By whom are these records kept?

- a. sponsor agency ☐ indicate contact below
b. public accountant or CPA ☐ indicate contact below
c. center bookkeeper ☐
d. center director ☐

Contact: Name _____

Address _____

Phone _____

4. Where are these records physically located?

- a. at the center ☐
b. at a central office location ☐ indicate contact below if different from Question 2

Name _____

Address _____

Phone _____

5. What is the method of recording transactions? Check one.

- a. cash basis ☐ (e.g. prepaid expense,
b. accrual basis ☐ inter-agency management,
c. combination of cash and accrual ☐ etc.)
specify _____
d. encumbered basis ☐
e. other, specify _____ ☐

6. Which of the following items does your system contain? (Please probe for comments and detail about what is and is not included) Check all that apply.

- a. checkbook (purpose, account, amount, date) ()
 comments _____
- b. journal or notebook for recording receipts of income or cash (purpose, type, date, partial, donation, fee, amount) ()
 comments _____
- c. journal or notebook for recording expenditures paid by check or cash (purpose, account, amount, date) ()
 comments _____
- d. general ledger, or summary notebook containing both income and expense transactions (chart of accounts, regular balances taken) ()
 comments _____
- e. payroll ledger for recording salary payments to employees (identification of function) ()
 comments _____
- f. other subsidiary or supporting ledgers (e.g. accounts receivable ledger, accounts payable ledger). ()
 comments _____

7. Does your system include the preparation of financial statements?

No () → comments _____

Yes () → indicate type of statements:

- income statement ()
- balance sheet ()
- other, specify _____ ()

how often are they prepared?

- monthly ()
- quarterly ()
- annually ()
- other _____ ()

8. What are your accounting periods?
 annual closing date (month/day) _____ / _____
 monthly closing date (day) _____
9. On what date does your program year end? _____ / _____
 month day
 (PROBE: for example, do you consider September 1st the start of a new program year?)
10. Do you have a standard chart of accounts?
 Yes () If yes, ask for copy
 No ()
11. Is your accounting system
 a. computerized? ()
 b. maintained on a manual basis? ()
 c. combination of computer and manual? ()
 Specify _____

12. Does the center file an I.R.S. 990 tax return?
 (non-profit centers only)
 No ()
 Yes ()
13. Does the center file any reports concerning the financial aspects of the center's operations?
 No ()
 Yes () → To whom? _____
 How often? _____
 Copy available? _____
 What are contents? _____

14. Does the center receive an annual audit?
 No ()
 Yes () → By whom? _____
 How often? _____
 Date of audit? _____
 What are contents? _____

II. Payroll

1. How frequently are employees paid? (CHECK ALL THAT APPLY)

- a. Weekly ()
- b. Bi-Weekly ()
- c. Monthly ()
- d. Other, specify()

2. Are employees paid

- a. Only for time already worked ()
- b. In advance for work to be done ()
- c. Combination of above () → Specify: _____

3. Which of the following fringe benefits are provided to employees at the center's expense: Check all that apply.

Benefit	Paid or provided by center	Payments attributable to individuals	Basis for recording	
			Accrual	Cash
FICA				
Private retirement plan				
Unemployment compensation*				
Paid vacation				
Health insurance				
Life insurance				
Meals (free/below cost)				
Paid sick leave				
Free child care				
Other:				

* both Federal and State

4. Does the payroll system identify the employment status of employees? Yes ()
 If yes, please indicate the types of status: No ()
- a. Full-time () → How many hours/week constitutes full-time? _____
- Does this include lunch period and breaks?
 Yes ()
 No () → Number of hours/week total for lunches and breaks: _____
- b. Part-time ()
 c. Temporary ()
 d. Probationary ()
5. Does the payroll system identify the function of employees? Yes ()
 If yes, please indicate the types of functions: No ()
- a. Office ()
 b. Educational and recreational ()
 c. Kitchen ()
 d. Transportation ()
 e. Health ()
 f. Other, specify _____ ()
6. Does the center hire consultants? → Yes ()
 If yes, please indicate the types of consultants: No ()
- a. Educational consultants ()
 b. Doctor, dentist or other health-related specialist ()
 c. Lawyers, accountants and other financial or administrative consultant ()
 d. Other professional fees, specify _____ ()
7. Is there a record of the pay rate for every employee?
 Yes ()
 No () → Comments _____

8. Are the dates of employment and termination recorded for every employee?

Yes ()

No () → Comments _____

9. Are any special payments made at termination of employment?

No ()

Yes () → Specify: _____

10. Do any paid employees receive compensation based on an hourly rate?

Yes ()

No ()

11. Do any paid employees receive extra compensation for overtime?
(PROBE)

Yes ()

No ()

III. Accounts Receivable

1. From which of the following sources do you receive income and/or contributions of goods and services?

Check all that apply.

Are adequate records kept

	Yes ()	No ()
() Fees and other payments from parents	()	()
() Membership fees (for right to vote, receive publications and/or services, use facilities, etc.)	()	()
() Donations (from individuals, corporations, foundations, United Fund, etc.)	()	()
() Government grants (not payment for child care or other service)		
Federal, specify _____	()	()
State, specify _____	()	()
Local, specify _____	()	()
() Government payment for service		
Federal, specify _____	()	()
State, specify _____	()	()
Local, specify _____	()	()
() Investment income from:		
Stocks	()	()
Bonds	()	()
Interest on invested funds	()	()
() Income from franchises, rentals, leases, and royalties	()	()
() Sale or exchange of property and/or equipment	()	()
() Charges and/or fees for special events	()	()
() Contracts for care from private agencies		
Specify _____	()	()
() Other, specify _____	()	()

2. Are you receiving or do you expect to receive any income which can be used only for restricted purposes?

No () —————> GO TO QUESTION 3

Yes () —————
↓

What is the source of this income (e.g., government grant, foundation, individual donor)? _____

What restrictions are imposed? _____

3. Do you submit written bills to each parent for the services your center provides?

No () —————> GO TO QUESTION 4

Yes () —————
↓

Do the bills identify the child for whom care was provided?

Yes No

() ()

Do the bills identify the person or organization who will receive the bill?

() ()

Do the bills indicate the time period for which payment is being requested (e.g., child care during May)?

() ()

When you first submit a bill for service, is it for:

() service already provided

() service to be provided in the future

() other; specify _____

4. Are records of remittance linked to records of invoices?

No ()

Yes () —————> How? _____

5. How are uncollectable accounts handled in the accounting records?

At what point are they categorized as "uncollectable?"

What entry is made to clear uncollectables?

6. What control mechanisms exist for income receivables?

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Are two employees assigned jointly to this function? | () | () |
| b. Is a multicopy prenumbered receipt available as a record? | () | () |
| c. Is there a "day book" listing receipts? | () | () |
| d. Is the record of receipts compared by someone routinely with bank deposits by someone not having direct access to receivables? | () | () |
| e. Other controls: specify | | |
| _____ | () | () |
| _____ | () | () |

IV. Accounts Payable

1. Does the center have purchase orders?

No () → What is used in place of purchase orders? _____

Yes () → Under what conditions are they used? _____

Is there a minimum? _____

2. Are encumbrances used?

Yes () No ()

3. Are itemized bills filed when they are received?

Yes () No () → Comments? _____

4. Is a date stamped onto bills when they are received?

Yes () No () → Comments? _____

5. Are records maintained for petty cash disbursements?

Yes () → Describe _____

No () → Comments? _____

6. Do you have inter-fund transfers?

Yes () → How are they recorded? _____

No ()

7. Do you have intra-organizational payments?

Yes () → Are they identified?

Yes () No ()

Do they include G&A (General and Administrative) and overhead?

() ()

When are they posted? _____

How frequently are they posted? _____

No ()

8. Does your accounting system record the following types of supplies? Check all that apply.

- a. Office ()
- b. Housekeeping ()
- c. Educational and recreational ()
- d. Food ()
- e. Transportation ()
- f. Health ()
- g. Other, specify _____ ()

9. Do you maintain a detailed list of capital expenditures. Yes ()
purchase of buildings, improvements, furniture, equipment) No ()
and assets owned by the center? If yes, indicate the types
of capital expenditures recorded:

- a. Buildings and improvements ()
- b. Office furniture and equipment ()
- c. Educational and recreational furniture and equipment ()
- d. Kitchen equipment ()
- e. Transportation equipment ()
- f. Health equipment ()

10. For owned equipment, do you maintain records of

- a. Original cost ()
- b. Acquisition date ()
- c. Scrap value ()
- d. Accumulated depreciation ()

11. What control mechanisms exist for payables?

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| a. Are duties divided among different employees for purchase, receipt, approval, and disbursement functions of expenditure transactions? | () | () |
| b. Do bills or invoices accompany checks when they are submitted for signature? | () | () |
| c. Are invoices approved for payment by responsible department heads? | () | () |
| d. Are paid checks examined for date, name, cancellation, and endorsement of the time the reconciliation is prepared? | () | () |

V. Non-Cash Expenses and Income

1. Do you receive any donated goods?

No () \longrightarrow GO TO QUESTION 3

Yes () \searrow

How often do you receive donated goods?

Several times weekly. ()

Several times monthly ()

Several times annually ()

2. Are donated goods and space recorded by date received, date of use and source of contribution?

Yes () \longrightarrow Are \$ values assigned?

Yes ()

No ()

No () \longrightarrow Could records be maintained without difficulty?

Yes ()

No ()

3. Do you receive any donated services?

No () \longrightarrow GO ON TO QUESTION 5

Yes () \searrow

How often do you receive donated services?

Several times weekly ()

Several times monthly ()

Several times annually ()

4. Is donated service recorded by the type of service provided, persons providing the service and the time the service is performed?

Yes () \longrightarrow Are \$ values assigned?

Yes ()

No ()

No () \longrightarrow Could records be maintained without difficulty?

Yes ()

No ()

5. Is a donation recorded when a good or service is purchased by the center at less than fair market value (i.e., in order to assist the center, the provider of the good or service asks for only a part or token payment)?

Yes ()

No () \longrightarrow Would it be difficult to do so?

Yes ()

No ()

(WHEN ORGANIZATION IS MULTIPURPOSE OR MULTI-CENTER)

6. Is a part of indirect administrative expense assigned to your center and reported as part of your center's costs?

Yes () \longrightarrow How are they calculated? _____

No () \longrightarrow Would it be difficult to do so?

Yes ()

No ()

7. Is staff time spent in performing duties in other parts of the organization or other centers recorded so that salary costs are allocated to those parts or centers?

Yes ()

No ()

INVENTORY OF ACCOUNTS

NATIONAL DAY CARE STUDY
ABT ASSOCIATES INC.

INVENTORY OF ACCOUNTS

September 30, 1975

CENTER NAME: _____

SITE: _____

Income Accrued but not Received

Fees and Direct Payments From Parents

Tuition

Gifts and Contributions

Payments for Service from Government Sources

Investment Income

Franchises, Rentals, Leases and Royalties

Sale/Exchange of Property

Special Events

USDA Food Monies

National Day Care Study

Income Received but not Accrued

Fees and Direct Payments From Parents

Tuition

Gifts and Contributions

Payments for Service from Government Sources

Investment Income

Franchises, Rentals, Leases and Royalties

Sale/Exchange of Property

Special Events

USDA Food Monies

National Day Care Study

Expenses Accrued but not Paid

Personnel Expense

Salaries

Fringe Benefits and Employers Share of Payroll Taxes

Payroll Taxes

Workmen's Compensation

Bonding Insurance

Other Fringe Benefits

Professional Fees

Supplies

Educational and Recreational

Food

Transportation

Other

Occupancy

Rent

Real Estate Taxes and License

Utilities (excluding telephone)

Building Insurance

Maintenance and Repairs

Interest on Mortgage

Furniture and Equipment

Special Events and Services

Other Operating Expense

Advertising

Telephone/Telegraph

Taxes (except property and payroll taxes)

Other Expenses

Payment of Principal, Long-Term Debt

Mortgage

Prepaid Expenses

Personnel Expense

Salaries

Fringe Benefits and Employers Share of Payroll Taxes

Payroll Taxes

Workmen's Compensation

Bonding Insurance

Other Fringe Benefits

Professional Fees

Supplies

Educational and Recreational

Food

Transportation

Other

Occupancy

Rent

Real Estate Taxes and License

Utilities (excluding telephone)

Building Insurance

Maintenance and Repairs

Interest on Mortgage

Furniture and Equipment

Special Events and Services

Other Operating Expense

Advertising

Telephone/Telegraph

Taxes (except property and payroll taxes)

Other Expenses

Payment of Principal, Long-Term Debt

Mortgage

Minutes to Complete _____	
Staff Providing Information & Minutes Required	
_____	_____ minutes
_____	_____ minutes
_____	_____ minutes
Date Form Completed ____ / ____ / ____	
Completed by _____	

STATEMENT OF CURRENT INCOME

National Day Care Study

Abt Associates Inc.

OFFICE USE ONLY

01	02	03	04	05

STATEMENT OF CURRENT INCOME

Center Name and ID _____

Site _____

Date: _____

Starting Month _____ 6/7

Number of Months Covered _____ 8

Year (last digit) 197 9

DO NOT FILL IN BOXES!

CARD 1 / CARD 3

10/11/12/13/14/15	16/17
<input type="text"/>	<input type="text"/>

1. Total Income for Current Period \$ _____

2. Fees and Direct Payments from Parents

(a) Private _____

(a) Seattle Child Care Services Project/Parent Contributions _____

(a) DSHS, Parent Contributions _____

(a) Subtotal. _____

(b) Registration Fee. 0.00

(c) Activity Fee. _____

(d) Transportation Charges. 0.00

(e) Insurance Collected _____

18/19/20/21/22/23	24/25
<input type="text"/>	<input type="text"/>
26/27/28/29/30/31	32/33
<input type="text"/>	<input type="text"/>
34/35/36/37/38/39	40/41
<input type="text"/>	<input type="text"/>
42/43/44/45/46/47	48/49
<input type="text"/>	<input type="text"/>
50/51/52/53/54/55	56/57
<input type="text"/>	<input type="text"/>

3. Gifts and Contributions

(a) Donations _____

(b) University of Washington Staff Reimbursement _____

(c) Legacies, Memorials and Bequests. 0.00

(d) Participation in Fund Raising Campaigns 0.00

(e) \$ Value of Donated Volunteer and Professional Services _____

58/59/60/61/62/63	64/65
<input type="text"/>	<input type="text"/>
66/67/68/69/70/71	72/73
<input type="text"/>	<input type="text"/>
74/75/76/77/78/79	80/81
<input type="text"/>	<input type="text"/>
82/83/84/85/86/87	88/89
<input type="text"/>	<input type="text"/>
90/91/92/93/94/95	96/97
<input type="text"/>	<input type="text"/>

160

147

30/31/32/33/34/35						36/37	

38/39/40/41/42/43					44/45	

46/47/48/49/50/51					52/53	

54/55/56/57/58/59						60/61	

62/63/64/65/66/67					68/69	

70/71/72/73/74/75.						76/77	

6/	7/	8/	9/10/11	12/13

14/15/16/17/18/19					20/21	

22/23/24/25/26/27 , 28/29

76/77

STATEMENT OF CURRENT EXPENSE

STATEMENT OF CURRENT EXPENSE

Center Name and ID _____

Site _____

Date: _____

Starting Month _____

--	--

 6/7Number of Months Covered _____

--

 8Year (last digit) 197

--

 9

DO NOT FILL IN BOXES

CARD 1 / CARD 7

1. Total Expenditures for Period . . . \$ _____

10/11/12/13/14/15	16/17								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table>		

2. Personnel

(a) Salaries _____

(a) Casual Labor _____

(a) Maintenance & Repairs (Janitor Agreement Only). _____

(a) Subtotal _____

18/19/20/21/22/23	24/25								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table>		

(b) Fringe Benefits. _____

(b) Employer Share Payroll Taxes _____

(b) Subtotal _____

26/27/28/29/30/31	32/33								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table>		

(c) \$ Value of Donated Professional Services. _____

34/35/36/37/38/39	40/41								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table>		

3. Professional Fees

(a) Child Care-Related Professional Fees 0.00

42/43/44/45/46/47	48/49								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table>		

(b) Administration-Related Professional Fees. 0.00

50/51/52/53/54/55	56/57								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table>		

(c) \$ Value of Donated Professional Services. _____

58/59/60/61/62/63	64/65								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table>		

4. Supplies

(a) Child Expense
 (b) Groceries
 (c) Transportation
 (d) Office Supplies
 (d) Cleaning Supplies
 (d) Single Use Supplies
 (d) Subtotal
 (e) Value of Donated Supplies

66/67/68/69/70/71	72/73
<input type="text"/>	<input type="text"/>
6/ 7/ 8/ 9/10/11	12/13
<input type="text"/>	<input type="text"/>
14/15/16/17/18/19	20/21
<input type="text"/>	<input type="text"/>
22/23/24/25/26/27	28/29
<input type="text"/>	<input type="text"/>
30/31/32/33/34/35	36/37
<input type="text"/>	<input type="text"/>

5. Occupancy

(a) Rent
 (b) Real Estate Taxes 0.06
 (c) Repairs & Maintenance
 (Excluding Janitor Agreement)
 (d) Utilities
 (e) Insurance
 (f) Depreciation on Building
 (g) Interest on Mortgage 0.06
 (h) Amortization of Leasehold
 Improvements 0.00
 (i) \$ Value of Donated Space and
 Land

38/39/40/41/42/43	44/45
<input type="text"/>	<input type="text"/>
46/47/48/49/50/51	52/53
<input type="text"/>	<input type="text"/>
54/55/56/57/58/59	60/61
<input type="text"/>	<input type="text"/>
62/63/64/65/66/67	68/69
<input type="text"/>	<input type="text"/>
70/71/72/73/74/75	76/77
<input type="text"/>	<input type="text"/>
6/ 7/ 8/ 9/10/11	12/13
<input type="text"/>	<input type="text"/>
14/15/16/17/18/19	20/21
<input type="text"/>	<input type="text"/>
22/23/24/25/26/27	28/29
<input type="text"/>	<input type="text"/>
30/31/32/33/34/35	36/37
<input type="text"/>	<input type="text"/>

6. Furniture and Equipment

(a) Furniture and Equipment (Value
 over \$250) 0.00
 (b) Rent 0.00
 (c) Depreciation
 (d) Maintenance & Repairs 2.00
 (e) Property Taxes 0.00

38/39/40/41/42/43	44/45
<input type="text"/>	<input type="text"/>
46/47/48/49/50/51	52/53
<input type="text"/>	<input type="text"/>
54/55/56/57/58/59	60/61
<input type="text"/>	<input type="text"/>
62/63/64/65/66/67	68/69
<input type="text"/>	<input type="text"/>
70/71/72/73/74/75	76/77
<input type="text"/>	<input type="text"/>

(f) \$ Value of Donated Furniture & Equipment.

6/	7/	8/	9/	10/	11/	12/	13/

7. Special Events and Services

(a) Meetings & Events Related to Administration of Center 0.00

(b) Staff Growth and Development. 0.00

(c) Family Services 0.00

(d) Parent Activities 0.00

(e) Field Trips 0.00

14/	15/	16/	17/	18/	19/	20/	21/
22/	23/	24/	25/	26/	27/	28/	29/
30/	31/	32/	33/	34/	35/	36/	37/
38/	39/	40/	41/	42/	43/	44/	45/
46/	47/	48/	49/	50/	51/	52/	53/

8. Other Operating Expenses

(a) Advertising 0.00

(b) Bank Charges. 0.00

(c) Telephone

(d) Postage & Shipping.

(e) Licenses, Permits & Insurance Related to Transportation. 0.00

(f) Licenses, Permits & Liability Insurance 0.00

(g) Dues & Subscriptions. 0.00

(h) Moving Expenses 0.00

(i) Taxes (Except Property & Payroll Taxes). 0.00

(j) Uncollectable Accounts. 0.00

(k) Printing & Duplicating. 0.00

(l) Contributions by Center 0.00

(m) Miscellaneous (Description Please)

54/	55/	56/	57/	58/	59/	60/	61/
62/	63/	64/	65/	66/	67/	68/	69/
70/	71/	72/	73/	74/	75/	76/	77/
6/	7/	8/	9/	10/	11/	12/	13/
14/	15/	16/	17/	18/	19/	20/	21/
22/	23/	24/	25/	26/	27/	28/	29/
30/	31/	32/	33/	34/	35/	36/	37/
38/	39/	40/	41/	42/	43/	44/	45/
46/	47/	48/	49/	50/	51/	52/	53/
54/	55/	56/	57/	58/	59/	60/	61/
62/	63/	64/	65/	66/	67/	68/	69/
70/	71/	72/	73/	74/	75/	76/	77/

(m) Subtotal.

6/	7/	8/	9/	10/	11/	12/	13/

165

9. Other Expenses

(a) Interest (Except for Mortgage)	<u>0.00</u>	14/15/16/17/18/19	20/21
		<input type="text"/>	<input type="text"/>
(b) Loss on Sale of Assets.	<u>0.00</u>	22/23/24/25/26/27	28/29
		<input type="text"/>	<input type="text"/>
(c) Loss from Fire, Theft or Vandalism	<u>0.00</u>	30/31/32/33/34/35	36/37
		<input type="text"/>	<input type="text"/>
(d) Indirect Administrative Expense	<u>0.00</u>	38/39/40/41/42/43	44/45
		<input type="text"/>	<input type="text"/>

Minutes to Complete: <input type="text"/>	month	day	year
62/63	<input type="text"/>	<input type="text"/>	<input type="text"/>
Minutes Providing Info & Minutes Required:	Date Form Completed: 64/65	66/67	68/69
<input type="text"/> mins.	Completed by: _____		
<input type="text"/> mins.	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> OMB #85-R0282 Expires: 6/30/76 </div>		
<input type="text"/> mins.			
<input type="text"/> mins.			
74/75	<input type="text"/>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> OFFICE USE ONLY FORM CODE </div>	
	60/61	76/77	

WORKSHEET FOR DONATED SERVICES

Worksheet for Donated Services

for the period _____ through _____

Site: _____

Center: _____

Completed by: _____

OFFICE USE ONLY

--	--	--	--	--

OMB Approval: # 85-R0282

Expires: 6/30/76

[illegible]

Instructions:

Description: If a professional service is being listed, please give the professional status of the person(s) providing the service.
Functional code: List one of the following categories: (1) Administrative; (2) Clerical; (3) Professional; (4) Technical; (5) Unskilled.

Functional code: List one of the following categories: (1) Administration; (2) Child care and supervision; (3) Food services; (4) Health services; (5) Transportation; (6) Occupancy; (7) Family services; (8) Staff development; (9) Parent activities.

Partial Payment: Record any payment made for this service by the center.
Estimated Amount: \$_____

Estimated Value: Please do not fill out.

Value of Contribution: *Please do not fill out.*

National Day Care Study

WORKSHEET FOR DONATED LAND AND BUILDINGS

Worksheet for Donated Land and Buildings

for the period _____ through _____

Site: _____

Center: _____

Completed by: _____

OFFICE USE ONLY

--	--	--	--	--

OMB Approval: #85-R0282

Expires: 6/30/76

[illegible]

Instructions:

Functional code: List one of the following: (1) Office; (2) Educational and Recreational; (3) Kitchen; (4) Transportation; (5) Health; (6) Other (specify):

Quantity Include units (pounds, boxes, etc.) when appropriate.

Partial Payment Record any payment made towards the item by the center.

Estimated value: Complete only if the actual cost is known.

Oral Drug Care Study

WORKSHEET FOR DONATED SUPPLIES

Worksheet for Donated Supplies

for the period _____ through _____

Site: _____

Cum gratia: _____

Completed by: _____

OFFICE USE ONLY

--	--	--	--	--

OMB Approval: #85-R0282

Expires: 6/30/76

[illegible]

Instructions:

Functional code: List one of the following: (1) Office; (2) Housekeeping; (3) Educational and Recreational; (4) Food; (5) Transportation; (6) Health; (7) Other.
Quantity: Include units (pounds, boxes, etc.) when appropriate.

Quantity: Include units (pounds, boxes, etc.) when appropriate.

Partial Payment: Record any payment made towards the item by the center.

Estimated value: Complete only if the actual cost is known.

National Day Care Study

And the next morning,

WORKSHEET FOR DONATED EQUIPMENT

176

160

DEPRECIATION WORKSHEET

Enter ID: # _____
 Completed by: _____

OMB Approval: # _____
 Expires: _____

DEPRECIATION WORKSHEET

For the Period of _____ Through _____

Date of Acquisition	Estimated Years Useful Life	Original Cost	Salvage Value	Original Depreciable Balance	Prior, Accumulated Depreciation	Current Depreciation Expense

EMPLOYEE COMPENSATION WORKSHEET

1. *Chrysomelids* (1000)

(continued)

Example: $100 \times 10^3 \text{ Hz}$

WORKING, EMPLOYED, CONTRACT AND FREELANCE WORKERS

[illegible]

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the experimental group. The experimental group was divided into two subgroups: the control group and the experimental group.

Huber, E. 1990. *Field and laboratory studies of the ecology of the*

10. The input employing identification model at the center manipulates an identification system.

Input: Enter employee's department or function using the following code: (1) Administration, (2) Child care and supervision, (3) Local government, (4) Other Services, (5) Transportation, (6) Unemployment, (7) Family Services, (8) Staff development, (9) Parent activities.

Notes: Enter here the pay period dates; time limits are provided for weekly entries for each employee.

daily (weekly) salary: For salaried employees enter daily salary calculated as ratio of salary per pay period (e.g., week or month), divided by work days in the pay period. For employees paid by hour, enter hourly rate. For special compensation enter the type of compensation (overtime, Christmas bonus, etc.)

pay (hours) of regular pay; later, for selected employees, the number of weeks for pay days in the current report period and, for hourly employees, the number of hours worked for pay in the current report period.

Days (hours) of overtime pay. Unit on this employee, who will receive compensation. The number of days or hours in the employee

Other Special Compensation Enter bonuses or other compensation paid to employees and the total covered by the payment, e.g., for annual bonuses, enter the amount and LTR - LTR in this column.

Gross Salary Expense: Enter the gross salary earned by the employee including regular and overtime pay and special compensation.

but pay: Enter the amount paid to the employee. If cash-basis accounting, enter payments actually made during the current pay period; for accrual basis accounting, enter current accrued expense.

Taxes and Fringe Benefits Paid by Employer: The entries in these columns should be the amounts paid (each basis) or accrued (accrued basis) during the current report period. Count only the portion of FICA, Medicare, etc., paid by employer in an addition to gross salary. If expense is paid for other than salary, do not include.

If expenses cannot be allocated to individual employees, enter total reported expense at the bottom of the worksheet on the "Total" line.

Total Personnel Expense: Enter the sum of "Gross Salary Expense" plus entries in "Taxes and Fringe Benefits" column.

Calculated: Under monthly totals by totaling weekly entries.

PARENT MEASURES TABLE OF CONTENTS

	<u>Page</u>
Parent Measures Pretest	168
Parent Measures Posttest	207

2.3

Parent Measures

The Parent Interview has been designed both to perform multiple information-gathering tasks and to serve as an initial point of contact between parents and study staff. The interviews which will be organized by a Parent Coordinator at each site and conducted by specially trained Parent Interviewers, will yield:

- permission from the parent for the observation and testing of the child during the study
- information about family structure and Social Economic Status (SES)
- information about parental expectations of day care and their reasons for using center care
- an assessment of parental satisfaction with various aspects of day care.

Two versions of the Parent Interview have been prepared:

- The Pretest is administered early in the fall of 1975 to parents of children who entered the center after July 1, 1975. This version of the interview seeks to determine the expectations of parents who are new to the center and their reasons for choosing this particular center. In addition, information is collected on parents' education and occupational status and on other family members.
- The Posttest is administered in the fall to parents whose children were in the day care center before July 1, 1975. This version of the interview primarily contains questions on parental involvement with the center. It is designed to capture the parents' perception of the impact of the day care center upon their children and upon themselves. Parents are questioned about their satisfaction with various aspects of day care. The Posttest contains the same questions on family structure as the Parent Interview Pretest. A shorter version of the Posttest will be administered in April 1976 to a sample of parents who received the pretest in the fall.

Copies of the Pretest and the Posttest are included below.

PARENT MEASURES PRETEST

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA.
02138

OMB NO. 85R0279
Approval Expires 6/86
August 12, 1975

NATIONAL DAY CARE STUDY

PARENT INTERVIEW

PRETEST

PLEASE PRINT CAREFULLY

Name of Child

Child ID

--	--	--	--	--	--	--	--	--	--

 Last First Middle

Name of Parent/Respondent

Last First Middle

Current Address

Number Street Apt. No.

City/Town

State

Zip Code

Home Telephone #

Name of Center

Center ID

--	--	--	--	--	--

Date of Interview

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 197

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Interviewer Name

Final Status

Complete ()

Refused ()

Incomplete ()

Items Missing ()

No Contact ()

Language Barrier ()

CALL RECORD

#	DATE	TYPE		INTERVIEWER ID NUMBER	NO ANSWER	RESP. NOT HOME/NOT AVAILABLE	RESP. REFUSED	RESP. COMP. INTERVIEW
		PHONE	LETTER					
1								
2								
3								
4								

NEW APPROVAL DATE

187

INTERVIEWER ID #

Hello. My name is _____. I work for Abt Associates in Cambridge, Massachusetts. Abt is assisting the Office of Child Development with their National Day Care Study. Did you receive our letter about the study? IF YES, SKIP TO BOTTOM OF PAGE.

IF NO:

May I tell you a little about the study?

We are helping the U.S. Department of Health, Education and Welfare Office of Child Development to gather information about day care centers and their usefulness to many kinds of parents. As more and more mothers need day care the demand for day care has increased but no one knows much about how day care affects children and their parents. To make sensible decisions about what kinds of day care centers best meet the needs of parents and children, good information is needed. The National Day Care Study will try to provide some of that information.

We will look at 64 day care centers in three major cities across the country. The center in which your child is enrolled has been selected to take part in the Study. During the first year, we will study the centers as they are at present. During the second year, we will provide funds to improve some centers to see if this changes what happens to children in day care. We will also examine the costs of different kinds of day care centers.

The design part of the Study began in July, 1974. Actual study of the centers began this summer and continues through June, 1977. Interviews with center staff and parents will help us to gather information about children and their day care centers. Interviews with parents will provide information about their need for and satisfaction with day care and the extent to which they are involved with their day care centers. In addition, we will observe your child's growth in the kind of skills and abilities that children of this age acquire in day care.

Interviewers, who will be hired from your area and given special training, will talk to parents like yourselves about day care in the fall and again in the spring. We will make sure that this is done at a time that is convenient for you. The interview will last about an hour. All information given by parents or center staff is confidential and will not be reported in a way that identifies individuals. Your participation in this study is voluntary. Whether or not you participate or how you answer any question, should you desire to participate, will not in any way affect your right to send your child here or to any other day care center, or affect your eligibility for present or future federal programs or benefits.

We hope that you will be willing to help us in this effort and allow your child to participate in the study. If you have any questions about the study, please let your center director know. We look forward to working with you, your children and the staff of your center. GO TO NEXT PAGE.

IF YES:

Do you have any questions about the study? IF YES, DEAL WITH QUESTIONS FIRST.

IF NO:

Would you be willing to have your child participate in the study and would you yourself be willing to answer some questions about your family and your feelings about day care?

YES ☐ ASK RESPONDENT TO CHECK BOX BELOW AND SIGN NAME.

NO ☐ CLOSE INTERVIEW AND THANK RESPONDENT.

HAND PARENT A COPY OF THE CONFIDENTIALITY STATEMENT.

READ STATEMENT ALOUD TO PARENT.

Confidentiality Statement

Your participation in this study is entirely voluntary. Whether or not you participate or how you answer any of the questions, should you desire to participate, will not in any way affect your right to send your child here or to any other day care center, or affect your eligibility for present or future federal programs or benefits. All completed interview forms will have names and addresses removed from them at the Site Office. No member of a day care center staff or parent will have access to data on individual parents or children at any time. No information about any individual respondent will be specifically identified in any reports published by Abt Associates. All individual respondent data collected on site will be held in confidence and all data analyses will reflect either group response or anonymous individual data. All data will be turned over to the U.S. Department of HEW upon completion of the study.

☐ Yes. I am willing to be interviewed for the National Day Care Study and to allow my child(ren) to participate in the study. I understand that I may refuse to answer any questions I do not wish to answer.

☐ Yes, I understand that participation means that my child will be observed and tested twice during the year, in the fall and in the spring.

IF INTERVIEW COMPLETED, PLEASE FILL OUT:

For Interviewer

This interview has been
conducted according to
all specifications of the
Field Manual.

Signature of Interviewer

Date

For Participant

I have received five dollars
to reimburse expenses.

Signature of Respondent

Date

Abt Associates Inc.
55 Wheeler Street
Cambridge, Mass.
02138

O.M.B. No. 85R0279
Approval Expires 6/76

12 August 1975

National Day Care Study
Parent Interview
Pretest

Center Name _____

Site Name _____

Child I.D. #

8/9/10/11/12/13/14/15/16/17

--	--	--	--	--	--	--	--	--	--

Permanent I.D. #

1/ 2/ 3/ 4/ 5/ 6/ 7

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Date of Interview

--	--

--	--

 197

--

Interviewer Name _____

Interviewer ID

--	--

Final Status		18
Complete	()	1
Refused	()	2
Incomplete	()	3
Items Missing	()	4

No Contact	()	5
Language Barrier	()	6

CALL RECORD

#	DATE	TYPE		INTERVIEWER ID NUMBER	NO ANSWER	RESP. NOT HOME/NOT AVAILABLE	RESP. REFUSED	RESP. COMP. INTERVIEW
		PHONE	LETTER					
1								
2								
3								
4								

NEW APPROVAL DATE

173

191

INTERVIEWER ID #

Now, I'd like to ask you some questions about child care and about this center.

1. Is this the first time you have used full day care for NAME OF CHILD?

- Yes () 01 → SKIP TO Q.2
 No () 02
 Don't know () -2 → SKIP TO Q.2

IF NO, ASK A:

(1)A. What other care arrangements did you make for NAME OF CHILD? PROBE.

DO NOT READ LIST. DO NOT CHECK MORE THAN FIVE RESPONSES.

- | | | |
|--|--------|---|
| A. In this day care center | () 01 | |
| B. In another day care center | () 02 | 21/22 |
| C. In own home by spouse | () 03 | <input type="checkbox"/> <input type="checkbox"/> |
| D. In own home by older sibling | () 04 | 23/24 |
| E. In own home by relative (not spouse or sibling) | () 05 | <input type="checkbox"/> <input type="checkbox"/> |
| F. In own home by non-relative | () 06 | 25/26 |
| G. In other home by relative | () 07 | <input type="checkbox"/> <input type="checkbox"/> |
| H. In other home by non-relative | () 08 | 27/28 |
| I. In nursery school | () 09 | <input type="checkbox"/> <input type="checkbox"/> |
| J. In babysitting cooperative | () 10 | |
| K. Headstart | () 11 | |
| L. Child stays by self | () 12 | |
| M. Cared for by parent(s) at work | () 13 | |
| N. Other (SPECIFY) _____ | () 14 | |
| O. Skipped _____ | () -1 | |

(1)B. Why did you stop using that child care arrangement? What was the main reason? PROBE. Was there anything about the first arrangement you had that you didn't like? DO NOT READ LIST. CHECK ONLY ONE RESPONSE. RECORD BELOW WITH Q.1C.

(1)C. Are there any other reasons? DO NOT READ LIST. DO NOT CHECK MORE THAN FOUR RESPONSES.

	Q.1B	Q.1C	
A. Too expensive	() 01	()	Q.1B 31/32
B. Did not like location	() 02	()	Q.1C 33/34
C. Transportation problems	() 03	()	35/36
D. Inconvenient hours	() 04	()	37/38
E. Too little discipline	() 05	()	39/40
F. Too much discipline	() 06	()	
G. Too little supervision	() 07	()	
H. Lack of educational program	() 08	()	
I. Lack of program of activities	() 09	()	
J. Lack of trained staff	() 10	()	
K. Did not like child care provider	() 11	()	
L. Did not like facilities	() 12	()	
M. Child too young	() 13	()	
N. Child not toilet trained	() 14	()	
O. Child has special problems or needs	() 15	()	
P. Child too old (outgrew arrangements)	() 16	()	
Q. Child unhappy in the center	() 17	()	
R. I stopped working	() 18	()	
S. I started working	() 19	()	
T. I moved	() 20	()	
U. Provider no longer available	() 21	()	
V. Program out of existence	() 22	()	
W. Place in current center became available	() 23	()	→ ASK 1
X. Other (SPECIFY) _____	() 24	()	

Y. Skipped	() -1	()	

IF "W" CHECKED, ASK 1:

(1C)1. Was there anything about the first arrangement you had that you didn't like?

Skipped () -1

41/42

☐ ☐

45/46

☐ ☐

Don't Know () -2

43/44

☐ ☐

47/48

☐ ☐

2. Do you have other children who have used child care on a regular, full day basis in the past?

49/50

Yes () 01

No () 02

Don't know () 03

→ SKIP TO Q.3

→ SKIP TO Q.3

IF YES, ASK A:

(2)A. What arrangements did you make for them? DO NOT READ LIST. DO NOT CHECK MORE THAN FIVE RESPONSES.

A. In this day care center

() 01

51/52

☐ ☐

B. In another day care center

() 02

53/54

C. In own home by spouse

() 03

☐ ☐

D. In own home by older sibling

() 04

55/56

☐ ☐

E. In own home by relative (not spouse or sibling)

() 05

F. In own home by non-relative

() 06

57/58

☐ ☐

G. In other home by relative

() 07

59/60

☐ ☐

H. In other home by non-relative

() 08

I. In nursery school

() 09

J. In babysitting cooperative

() 10

K. Headstart

() 11

L. Child stays by self

() 12

M. Cared for by parent(s) at work

() 13

N. Other (SPECIFY) _____

() 14

O. Skipped

() -1

3. Why do you need regular full day care for NAME OF CHILD? PROBE. What was your reason for needing care? PROBE. Are there any other reasons? DO NOT READ LIST. RECORD VERBATIM AND CHECK BELOW IN Q.3A. CHECK NO MORE THAN THREE.

IF MORE THAN ONE REASON MENTIONED, ASK A:

- (3)A. Which reason is the most important to you? DO NOT READ LIST. CHECK ONLY ONE RESPONSE.

	<u>Q.3</u>	<u>Q.3A</u>	
A. I am working or looking for work	() 01	()	Q.3 61/62
B. So I can go out (social, shopping, entertainment, doctor, etc.)	() 02	()	63/64
C. So I can carry on regular community, charity or volunteer activities	() 03	()	65/66
D. I am in or plan to go to school	() 04	()	67/68
E. I am in or plan to take job training	() 05	()	Q.3A
F. I have a physical handicap	() 06	()	
G. I need to get away from children for a while sometimes	() 07	()	
H. To help my child learn things he/she needs for school/mental development	() 08	()	
I. To teach my child how to be more social (sharing/cooperative)	() 09	()	
J. To help my child be less shy (withdrawn, nervous)	() 10	()	
K. To help my child be more self-controlled (follow rules better, do what she/he is told, be disciplined)	() 11	()	
L. To help my child unlearn bad behavior (fighting, bad words, etc.)	() 12	()	
M. My child is too young for kindergarten	() 13	()	→ ASK B
N. Other (SPECIFY) _____	() 14	()	
O. Skipped	() -1	()	

IF "M" IS CHECKED, ASK B:

(3)B. What was your reason for needing care?

69/70

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71/72

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73/74

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SKIPPED

() -1

Now, I would like to ask you some questions about this center.

1. First, when you were deciding to put NAME OF CHILD in day care, did you know about other possible child care arrangements?

75/76

Yes () 01

No () 02

Don't Know () -2

→ SKIP TO Q.6

5. Why did you decide to send your child to this day care center rather than any other? PROBE. DO NOT READ LIST. RECORD VERBATIM. CHECK NOT MORE THAN THREE RESPONSES BELOW.

IF MORE THAN ONE REASON MENTIONED, ASK A:

(5)A. Which reason was the most important to you?

	<u>Q.5</u>	<u>Q.5A</u>	
A. Cost is reasonable	() 01	()	Q.5 8/9 <input type="text"/>
B. Location to home	() 02	()	10/11 <input type="text"/>
C. Location to work	() 03	()	<input type="text"/>
D. Transportation	() 04	()	12/13 <input type="text"/>
E. Length of time center is open	() 05	()	<input type="text"/>
F. Clean/safe facilities or neighborhoods	() 06	()	14/15 <input type="text"/>
G. Assigned by agency	() 07	()	Q.5A <input type="text"/>
H. Didn't know of any other centers	() 08	()	
I. Only center with vacancy	() 09	()	
J. Confidence in director	() 10	()	
K. Right kind of discipline	() 11	()	
L. Right kind of supervision	() 12	()	
M. Number of available caregivers	() 13	()	
N. Well-trained teachers	() 14	()	
O. Educational program	() 15	()	
P. Good training of child for school	() 16	()	
Q. Can handle special problems of my child	() 17	()	
R. Availability of doctors, social workers, etc.	() 18	()	
S. Meals and snacks	() 19	()	
T. Opportunity to participate in decision-making	() 20	()	
U. Recommended by someone	() 21	()	→ ASK B
V. Other (SPECIFY) _____	() 22	()	
W. Skipped	() -1	()	

IF "U" IS CHECKED, ASK B:

(5)B. What did they say about this center that convinced you to send
NAME OF CHILD there?

16/17

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18/19

--	--

20/21

--	--

Skipped

() -1

6. If you had a choice, would you rather have NAME OF CHILD taken care of in a center like this or in family day care? 22/23

Center like this	()	01	
Family day care	()	02	
No preference	()	03	
Don't know	()	-2	} SKIP TO Q. 7

IF PREFERENCE IS GIVEN, ASK A:

- (6)A. Why do you feel that way? ~~DO NOT READ LIST.~~ RECORD VERBATIM.
CHECK NOT MORE THAN FIVE RESPONSES BELOW.

A. Reasonable cost	()	01	24/25
B. Convenience of location	()	02	
C. Transportation	()	03	26/27
D. Length of time center is open	()	04	
E. Clean/safe facilities or neighborhoods	()	05	28/29
F. Confidence in director	()	06	30/31
G. Right kind of discipline	()	07	
H. Right kind of supervision	()	08	32/33
I. Number of available caregivers	()	09	
J. Well-trained teachers	()	10	
K. Educational program	()	11	
L. Good training of child for school	()	12	
M. Can handle special problems of my child	()	13	
N. Availability of doctors, social workers, etc.	()	14	
O. Meals and snacks	()	15	
P. Opportunity to affect program	()	16	
Q. Other (SPECIFY) _____	()	17	
<hr/>			
R. Skipped	()	-1	

ow, I'd like to ask you about some things that happen in centers.

Do you feel that discipline is very important, somewhat important, or not important at all?

Very important	()	01
Somewhat important	()	02
Not important at all	()	03
Don't know	()	-1

34/35

--	--

Do you feel that letting children pick their own activities in day care centers is very important, somewhat important, or not important at all?

Very important	()	01
Somewhat important	()	02
Not important at all	()	03
Don't know	()	-1

36/37

--	--

Do you feel that preparing children for grade school in a day care center is very important, somewhat important, or not important at all?

Very important	()	01
Somewhat important	()	02
Not important at all	()	03
Don't know	()	-1

38/39

--	--

How important do you feel it is to have at least one teacher who is trained to care for young children in each classroom? Do you feel it is very important, somewhat important, or not important at all?

Very important	()	01
Somewhat important	()	02
Not important at all	()	03
Don't know	()	-1

40/41

--	--

How important is it to have constant supervision for each child in the classroom? Do you feel it is very important, somewhat important, or not important at all?

Very important	()	01
Somewhat important	()	02
Not important at all	()	03
Don't know	()	-1

42/43

--	--

12. How important is it to have individual attention for each child? Do you feel it is very important, somewhat important, or not important at all?

Very important () 01
 Somewhat important () 02
 Not important at all () 03
 Don't know () -1

44/45

--	--

13. How important is it to have caregivers experienced in taking care of children? Do you feel it is very important, somewhat important, or not important at all?

Very important () 01
 Somewhat important () 02
 Not important at all () 03
 Don't know () -1

46/47

--	--

14. How important is it for parents to help hire a new director when one is needed? Do you feel it is very important, somewhat important, or not important at all?

Very important () 01
 Somewhat important () 02
 Not important at all () 03
 Don't know () -1

48/49

--	--

15. How important do you feel it is for parents to help hire new teachers? Do you feel it is very important, somewhat important, or not important at all?

Very important () 01
 Somewhat important () 02
 Not important at all () 03
 Don't know () -1

50/51

--	--

- 16: What do you think are the things that make a good day care teacher? DO NOT READ LIST. RECORD VERBATIM. CHECK BELOW NOT MORE THAN THREE RESPONSES.

52/53

54/55

56/57

Style

- A. Warm/loving () 01
 B. Likes children () 02
 C. Understands children's needs () 03
 D. Patient () 04
 E. Firm () 05
 F. Flexible () 06
 G. Enthusiastic () 07
 H. Respects parents () 08
 I. Respects minority culture () 09

Technique

- J. Knows how to help children develop cognitive skills () 10
 K. Knows how to help children develop social skills () 11
 L. Knows how to handle emotional crises () 12
 M. Manages class well () 13
 N. Can make toys () 14
 O. Knows a lot of games () 15

Personal Traits

- O. Young (..)
 P. Older () 17
 R. Sex () 18
 S. Experienced () 19
 T. College-trained () 20
 U. Same race as me () 21
 V. Other (SPECIFY) () 22

- W. Don't know

17. We would like to ask you about the number of 3 and 4 year olds, a responsible adult can reasonably handle. How many children altogether do you think one caregiver should be responsible for?

58/59

--	--

Don't know () -2

18. How much influence do you think parents should have on how your day care center is run? Do you feel they should have lots of influence, some influence, very little influence, or no influence?

Lots of influence () 01

Some influence () 02

Very little influence () 03

No influence () 04

Don't know () -2

Refused () -3

60/61

--	--

} → SKIP TO Q.19

Q.18)A. Why do you say that? RECORD VERBATIM.

62/63

--	--

64/65

--	--

66/67

--	--

Skipped () -1

Don't Know () -2

19. What would you like the center to do for your child? PROBE. What do you hope that your child gets out of his/her experience at the center? RECORD VERBATIM.

68/69

--	--

70/71

--	--

72/73

--	--

Don't know () -2

20. Are there any special needs that your child has that the center should be aware of?

Yes () 01

No () 02

Refused () -3

74/75

--	--

} → SKIP TO Q.21

IF YES, ASK A & B:

(20)A. What are they? DO NOT READ LIST. RECORD VERBATIM AND CHECK BELOW.

CARD 3

- | | | | | |
|--|-----|--|--|--|
| A. Social behaviors (such as self control, following orders, getting along with others, sharing, etc.) | () | 8/9
<table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | | |
| B. Physical development (such as running and climbing, picking up and manipulating small objects) | () | 10/11
<table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | | |
| C. Personal areas (such as fears, shyness, thumbsucking, bedwetting, worry about being left at the center, cleanliness, eating habits) | () | 12/13
<table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | | |
| D. Academic (such as self-expression and language development, problem solving skills) | () | 14/15
<table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | | |
| E. Any other special needs (SPECIFY) _____ | () | 16/17
<table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | | |
| | | 18/19
<table border="1"><tr><td></td><td></td></tr></table> | | |
| | | | | |

(20)B. Have you had a chance to discuss any of this with the: (READ LIST).

	<u>Yes</u> 01	<u>No</u> 02	<u>Refused</u> -3	<u>Skipped</u> -1	
Director	()	()	()	()	20/21
Teacher	()	()	()	()	22/23

IF NO, SAY, "This interview is confidential, of course, but I'm sure that either the director or the teacher at the center would be very happy to talk over these concerns with you."

21. Now I'd like to ask you about how your child reacts when you and she/he arrive at the center each day.

(21)A. Would you say she/he is happy, not happy, or shows no emotion?

Happy () 01
 Not happy () 02
 No emotion () 03
 Don't know () -2

24/25

--	--

(21)B. Does she/he cry once in a while, usually, or never?

Once in a while () 01
 Usually () 02
 Never () 03

26/27

--	--

(21)C. Does she/he cling to you once in a while, usually, or never?

Once in a while () 01
 Usually () 02
 Never () 03

28/29

--	--

22. Do you feel that your child likes his/her teacher at the center?

Yes () 01
 No () 02
 Don't know () -2
 Refused () -3

30/31

--	--

23. Do you like your child's teacher at the center?

Yes () 01
 No () 02
 Don't know () -2
 Refused () -3

32/33

--	--

24. Now I'd like to ask you about what kinds of things you do with your child? I'm going to read a list of activities -- could you tell me, for each one, whether you do that with your child or not? READ LIST.

FOR EACH ACTIVITY RESPONDENT DOES WITH CHILD, ASK A.

- (24)A. How often do you NAME ACTIVITY -- daily, several times a week, once a week, or once in a while?

	<u>Q.24</u>			<u>Q.24A</u>				
	<u>Yes</u>	<u>No</u>		<u>Several times</u>	<u>Once</u>	<u>Once In</u>		
	<u>01</u>	<u>02</u>		<u>Daily</u>	<u>A Week</u>	<u>A Week</u>	<u>A While</u>	
	<u>01</u>	<u>02</u>		<u>01</u>	<u>02</u>	<u>03</u>	<u>04</u>	
A. Read books, magazines	()	()	34/35	()	()	()	()	36/37
B. Watch T.V.	()	()	38/39	()	()	()	()	40/41
C. Go to the playground	()	()	42/43	()	()	()	()	44/45
D. Go to the ball-game	()	()	46/47	()	()	()	()	48/49
E. Do housework	()	()	50/51	()	()	()	()	52/53
F. Go shopping	()	()	54/55	()	()	()	()	56/57
G. Play games inside	()	()	58/59	()	()	()	()	60/61
H. Play games outside	()	()	62/63	()	()	()	()	64/65
I. Tell stories	()	()	66/67	()	()	()	()	68/69
J. Other (SPECIFY)	()	()	70/71	()	()	()	()	72/73

PART II: DEMOGRAPHIC DATA

We would like to ask you some questions about yourself and your family. We need this information because we need to know something about the people who use day care. If a question bothers you, you don't have to answer it.

25. A. Please give me the ages of the people who usually live in your household? Start with the oldest, and please include yourself.	B. Code Sex		C. What is (PERSON'S) Relationship to NAME OF CHILD?	D. For any other children: PLEASE ASK: Has the child age (READ NUMBER) been in day care before or now?		E. IF YES TO Q.25D, ASK E: Was/is he/ she at this day care center?	
	M 1	F 2		YES 01	NO 02	YES 01	NO 02
8/9 <input type="text"/>		10 () ()	11/12				
17/18 <input type="text"/>		19 () ()	20/21				
26/27 <input type="text"/>		28 () ()	29/30				
35/36 <input type="text"/>		37 () ()	38/39				
44/45 <input type="text"/>		46 () ()	47/48				
53/54 <input type="text"/>		55 () ()	56/57				
62/63 <input type="text"/>		64 () ()	65/66				
71/72 <input type="text"/>		73 () ()	74/75				
82/83 <input type="text"/>		84 () ()	85/86				
91/92 <input type="text"/>		93 () ()	94/95				
100/101 <input type="text"/>		101 () ()	102/103				
109/110 <input type="text"/>		110 () ()	111/112				
118/119 <input type="text"/>		119 () ()	120/121				
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154/155 <input type="text"/>		155 () ()	156/157				
163/164 <input type="text"/>		164 () ()	165/166				
172/173 <input type="text"/>		173 () ()	174/175				
181/182 <input type="text"/>		182 () ()	183/184				
190/191 <input type="text"/>		191 () ()	192/193				
199/200 <input type="text"/>		200 () ()	201/202				

No. of Adult Males

 30/31

No. of Adult Females

 32/33

No. of Teenage Males

 34/35

No. of Teenage Females

 36/37

No. of Child Males

 38/39

No. of Child Females

 40/41

26. What is the highest grade in elementary school or high school that you finished and got credit for?

42/43

--	--

Grade Number

- No formal schooling () 00
 Don't know () -2
 Refused () -3

IF 12 YEARS, ASK A:

- (26)A. Did you attend college?

44/45

--	--

- Yes () 01
 No () 02
 Skipped () -1

} → SKIP TO Q.27

IF YES, ASK 1.

- (26)A1. How many years of college did you finish and get credit for?

46/47

--	--

Number

- Skipped () -1
 Don't Know () -2
 Refused () -3

IF 4 YEARS, ASK 2:

- (26)A2. Did you attend any graduate schools?

48/49

--	--

- Yes () 01
 No () 02
 Skipped () -1
 Don't know () -2
 Refused () -3

} → SKIP TO Q.27

- (26)A3. How many years of graduate school did you finish?

50/51

--	--

Years

- Skipped () -1
 Don't know () -2
 Refused () -3

208

27. Have you had any additional special training, such as: (READ LIST AND CHECK ALL THAT APPLY)

FOR EACH TRAINING
CHECKED, ASK: What
type of training was
that?

Business () 52/53
Technical () 54/55
Apprentice () 56/57
Other (SPECIFY) () 58/59

28. We would like to ask you some questions about your current job. Are you in school or training?

Yes () 01

60/61

No () 02 → SKIP TO Q.30

--	--

29. Is that full-time or part-time?

Full-time () 01

Part-time () 02

Skipped () -1

62/63

--	--

30. Are you working?

Yes () 01

64/65

No () 02 → SKIP TO Q.32

--	--

31. Do you work full-time or part-time?

Full-time () 01

Part-time () 02

Skipped () -1

66/67

--	--

32. Are you looking for work?

Yes () 01

68/69

No () 02 → SKIP TO Q.34

--	--

33. Are you looking for full-time work or part-time work, less than 30 hours?

Full-time () 01

70/71

Part-time () 02

--	--

NOW CHECK BACK TO Q.30. IF RESPONDENT IS NOT WORKING, SKIP TO Q.35.

34. What is your current occupation?

72/73

--	--

Code

IF WORKING, ASK A & B:

(34)A. What type of firm or organization do you work for?

Skipped () -1

74/75

Refused () -2

--	--

CARD 6

(34)B. How long have you been working with this employer, in years and months?

8/9

--	--

 Years

10/11

--	--

 Months

Skipped () -1

Don't know () -2

Refused () -3

35. What kind of work are you trained to do?

Don't know () -2

Refused () -3

12/13

--	--

14/15

--	--

Work Codes

36. What kind of work have you had the most experience doing? This may or may not be the same as your current job.

CHECK BACK TO Q.25. IF CHILD'S FATHER/MOTHER NOT LISTED, GO ON TO PART III, P.28.

16/17

--	--

Now, I'd like to ask about your child's father's/mother's education and training.

37. What is the highest grade in elementary school or high school that he/she finished and got credit for?

18/19

--	--

Grade Number

No formal schooling () 00

Don't know () -2

Refused () -3

IF 12 YEARS, ASK A:

(37)A. Did he/she attend college?

Yes () 01

No () 02

Skipped () -1

} → SKIP TO Q.38

20/21

--	--

(37)A1. How many years of college did he/she finish and get credit for?

22/23

--	--

 Number

Skipped () -1

Don't know () -2

Refused () -3

IF 4-YEARS, ASK 2:

(37)A2. Did he/she attend any graduate schools?

Yes () 01

No () 02

Skipped () -1

Don't know () -2

Refused () -3

→ SKIP TO Q.38

24/25

--	--

(37)A3. How many years of graduate school did he/she finish?

26/27

--	--

 Years

Skipped () -1

Don't know () -2

Refused () -3

38. Has he/she had any additional special training, such as: (READ LIST AND CHECK ALL THAT APPLY)

FOR EACH TRAINING
CHECKED, ASK: What
types of training was
that?

Business () 28/29

Technical () 30/31

Apprentice () 32/33

Other (SPECIFY) () 34/35

39. We would like to ask some questions about his/her current job. Is he/she in school or training?

Yes () 01
 No () 02 → SKIP TO Q.41
 Skipped () -1
 Don't know () -2
 Refused () -3

36/37

--	--

40. Is that full-time or part-time?

Full-time () 01
 Part-time () 02
 Skipped () -1
 Don't know () -2
 Refused () -3

38/39

--	--

41. Is he/she working?

Yes () 01
 No () 02 → SKIP TO Q.43
 Skipped () -1
 Don't know () -2
 Refused () -3

40/41

--	--

42. Does he/she work full-time or part-time?

Full-time () 01
 Part-time () 02
 Skipped () -1
 Don't know () -2
 Refused () -3

42/43

--	--

43. Is he/she looking for work?

Yes () 01
 No () 02 → SKIP TO Q.45
 Skipped () -1
 Don't know () -2
 Refused () -3

44/45

--	--

44. Is he/she looking for full-time work or part-time work, less than 30 hours?

Full-time () 01
 Part-time () 02

46/47

--	--

CHECK BACK TO Q. 41. IF FATHER/MOTHER IS NOT WORKING, SKIP TO Q.47

45. What is his/her current occupation?

48/49

--	--

Code

IF WORKING, ASK A & B:

(45)A. What type of firm or organization does he/she work for?

Skipped () -1

Refused () -2

50/51

--	--

(45)B. How long has he/she been working with this employer, in years and months?

52/53

--	--

Years

54/55

--	--

Months

Skipped () -1

Don't know () -2

Refused () -3

46. What kind of work is he/she trained to do?

Don't know () -2

Refused () -3

56/57

--	--

58/59

--	--

Work codes

47. What kind of work has he/she had the most experience doing? This may or may not be the same as his/her current job.

60/61

--	--

PART III: CHILDREN ENROLLED IN THIS CENTER

Now we would like to ask you some questions about the child(ren) you have enrolled in this center.

48. What is your child's birth date?

Month

 62/63

Day

 64/65

Year

 19. 66/67

49. On what date did you first enroll NAME OF CHILD in this center?

Month

 68/69

Day

 70/71

Year

 19. 72/73

Don't remember () -2

50. Has your child ever been out of day care for a while and then re-enrolled?

Yes () 01

No () 02

Don't remember () -2

} → SKIP TO Q.51

74/75

IF YES, ASK A & B:

RD 7

(50)A. What was the date of termination?

Month

 8/9

Day

 10/11

Year

 19. 12/13

Skipped () -1

Don't know () -2

(50)B. What was the date that your child went back?

Month

 14/15

Day

 16/17

Year

 19. 18/19

Skipped () -1

Don't know () -2

51. What is the name of your child's teacher?

Knows name () 01

20/21

Doesn't know name () 02

--	--

52. Will you tell me what time NAME OF CHILD arrives and leaves the center for each day of the week? RECORD IN NAUTICAL TIME.

	<u>Arrives</u>		<u>Leaves</u>									
Monday	22/23 <table border="1"><tr><td></td><td></td></tr></table>			24/25 <table border="1"><tr><td></td><td></td></tr></table>			26/27 <table border="1"><tr><td></td><td></td></tr></table>			28/29 <table border="1"><tr><td></td><td></td></tr></table>		
Tuesday	30/31 <table border="1"><tr><td></td><td></td></tr></table>			32/33 <table border="1"><tr><td></td><td></td></tr></table>			34/35 <table border="1"><tr><td></td><td></td></tr></table>			36/37 <table border="1"><tr><td></td><td></td></tr></table>		
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(code in same columns as "Monday")

IF RESPONDENT ONLY HAS ONE CHILD
AT CENTER, GO ON TO PART IV, P. 34.

Now we would like to ask you some questions about the other child(ren) you have enrolled in this center.

53. What is your child's birth date?

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
62/63	64/65	66/67

54. On what date did you first enroll NAME OF CHILD in this center?

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
68/69	70/71	72/73

Don't know () -2

55. Has your child ever been out of day care for a while and then re-enrolled?

Yes () 01

No () 02

Don't remember () -2

} → SKIP TO Q.56

74/75

IF YES, ASK A & B:

CARD 8

(55)A. What was the date of termination?

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
8/9	10/11	12/13

Skipped () -1

Don't know () -2

(55)B. What was the date that your child went back?

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>
14/15	16/17	18/19

Skipped () -1

Don't know () -2

56. What is the name of your child's teacher?

Knows name

() 01

20/21

Doesn't know name

() 02

--	--

57. Will you tell me what time NAME OF CHILD arrives and leaves the center for each day of the week? RECORD IN NAUTICAL TIME.

	<u>Arrives</u>		<u>Leaves</u>									
Monday	22/23 <table border="1"><tr><td></td><td></td></tr></table>			24/25 <table border="1"><tr><td></td><td></td></tr></table>			26/27 <table border="1"><tr><td></td><td></td></tr></table>			28/29 <table border="1"><tr><td></td><td></td></tr></table>		
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(code in same columns as "Monday")

IF RESPONDENT ONLY HAS ONE CHILD AT CENTER, GO ON TO PART IV, P. 34.

Now we would like to ask you some questions about the other child you have enrolled in this center.

58. What is your child's birth date?

Month

 62/63

Day

 64/65

Year
 19
 66/67

59. On what date did you first enroll NAME OF CHILD in this center?

Month

 68/69

Day

 70/71

Year
 19
 72/73

Don't remember () -2

60. Has your child ever been out of day care for a while and then re-enrolled?

Yes () 01

No () 02

Don't remember () -2

} → SKIP TO Q.61

74/75

RD 9

IF YES, ASK A & B:

(60)A. What was the date of termination?

Month

 8/9

Day

 10/11

Year
 19
 12/13

Skipped () -1

Don't know () -2

(60)B. What was the date that your child went back?

Month

 14/15

Day

 16/17

Year
 19
 18/19

Skipped () -1

Don't know () -2

61. What is the name of your child's teacher?

Knows name () 01
Doesn't know name () 02

20/21

--	--

62. Will you tell me what time NAME OF CHILD arrives and leaves the center for each day of the week? RECORD IN NAUTICAL TIME.

	<u>Arrives</u>		<u>Leaves</u>									
Monday	22/23 <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			24/25 <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			26/27 <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			28/29 <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
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(code in same columns as "Monday")

PART IV: HOUSING STATUS

Next, we would like some information about your housing.

63. In what kind of housing is your family living now?

62/63

--	--

64. How many miles from the center is your home?

64/65/66

--	--	--

Miles

Don't know

() -02

65. How many minutes does it take you to get from your home to the center?

67/68/69

--	--	--

Minutes

Don't know

() -02

PART V : FAMILY INCOME

66. What were your sources of income since January, 1975? Just tell me the letter. RECORD BELOW.

HAND CARD TO RESPONDENT

IF MORE THAN ONE SOURCE, ASK A:

(66)A. What is your primary source of income? CHECK ONLY ONE RESPONSE.

	<u>Q.66</u>	<u>Q.66A</u>	
A. Employment	() <input type="checkbox"/> 8	() 01	
B. Unemployment Compensation	() <input type="checkbox"/> 9	() 02	
C. AFDC	() <input type="checkbox"/> 10	() 03	Q.66A
D. Public Assistance	() <input type="checkbox"/> 11	() 04	23/24
E. WIN	() <input type="checkbox"/> 12	() 05	<input type="checkbox"/>
F. Social Security	() <input type="checkbox"/> 13	() 06	
G. Workman's Compensation	() <input type="checkbox"/> 14	() 07	
H. Veteran's Pension	() <input type="checkbox"/> 15	() 08	
I. Military Salary	() <input type="checkbox"/> 16	() 09	
J. Railroad Pension	() <input type="checkbox"/> 17	() 10	
K. Alimony of Child Support	() <input type="checkbox"/> 18	() 11	
L. S.S.I., Supplemental Security Income, which used to be called Old Age Assistance, Aid to the Blind, and Aid to the Disabled	() <input type="checkbox"/> 19	() 12	
M. Other (SPECIFY) _____	() <input type="checkbox"/> 20	() 13	
N. Refused	() -3	() -3	} 21/22
O. Don't know	() -2	() -2	
P. Skipped	() -1	() -1	

TAKE CARD BACK FROM RESPONDENT

67. What is the total household income altogether for all of this year, 1975, before taxes?

HAND CARD TO RESPONDENT

- | | |
|------------------------|--------|
| A. \$3,000 or less | () 01 |
| B. \$3,000 - \$6,000 | () 02 |
| C. \$6,000 - \$9,000 | () 03 |
| D. \$9,001 - \$12,000 | () 04 |
| E. \$12,001 - \$15,000 | () 05 |
| F. \$15,001 - \$18,000 | () 06 |
| G. \$18,001 and over | () 07 |
| H. Refused | () -3 |

25/26

TAKE CARD BACK FROM RESPONDENT

CHECK
ONLY
ONE
RESPONSE

PART VI : FEDERAL PROGRAMS

68. Are any family members currently participating in any of these federally sponsored programs? CHECK ALL THAT APPLY.

HAND CARD TO RESPONDENT

A. Summer Head Start	()	27
B. Full Year Head Start	()	28
C. Other Pre-School Program	()	29
D. Neighborhood Youth Corps (NYC)	()	30
E. Job Corps	()	31
F. Upward Bound	()	32
G. Public Housing Projects	()	33
H. Medicaid	()	34
I. Welfare (AFDC)	()	35
J. Food Stamps	()	36
K. Federal Surplus Commodities	()	37
L. Work Incentives Program (WIN)	()	38
M. Concentrated Employment Program (CEP)	()	39
N. Followthrough	()	40
O. High School Equiv. Program (HEP)	()	41
P. Other (SPECIFY) _____	()	42
Q. None of the above	()	43

Well, that's all the questions I wanted to ask you. Thank you very much for cooperating on this interview.

BEFORE LEAVING, CHECK OVER THE QUESTIONNAIRE TO MAKE SURE THAT YOU HAVE NOT MISSED ANY QUESTIONS.

TO BE COMPLETED BY CENTER. DO NOT ASK PARENT.

What is the family's total weekly payment to the center for each child enrolled?

44/45/46 47/48 49/50/51 52/53 54/55/56 57/58
 \$ • \$ • \$ •

224

PARENT MEASURES POSTTEST

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA.
02138

OMB NO. 85R0279
Approval Expires 6/76
August 12, 1975

NATIONAL DAY CARE STUDY

PARENT INTERVIEW

POSTTEST A

PLEASE PRINT CAREFULLY

Name of Child

Child ID

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 Last First Middle

Name of Parent/Respondent

Last First Middle

Current Address

Number Street Apt. No.

City/Town State Zip Code

Home Telephone #

Name of Center

Center ID

--	--	--	--	--	--

Date of Interview

--	--

--	--

 197

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Interviewer Name

Final Status

Complete ()

Refused ()

Incomplete ()

Items Missing ()

No Contact ()

Language Barrier ()

CALL RECORD

#	DATE	TYPE		INTERVIEWER ID NUMBER	NO ANSWER	RESP. NOT HOME/NOT AVAILABLE	RESP. REFUSED	RESP. COMP. INTERVIEW
		PHONE	LETTER					
1								
2								
3								
4								

HEW APPROVAL DATE

226

INTERVIEWER ID #

Hello. My name is _____. I work for Abt Associates
in Cambridge, Massachusetts. Abt is assisting the Office of Child Development with their National Day Care Study. Did you receive our letter about the study? IF YES, SKIP TO BOTTOM OF PAGE.

IF NO:

May I tell you a little about the study?

We are helping the U.S. Department of Health, Education and Welfare Office of Child Development to gather information about day care centers and their usefulness to many kinds of parents. As more and more mothers need day care the demand for day care has increased but no one knows much about how day care affects children and their parents. To make sensible decisions about what kinds of day care centers best meet the needs of parents and children, good information is needed. The National Day Care Study will try to provide some of that information.

We will look at 64 day care centers in three major cities across the country. The center in which your child is enrolled has been selected to take part in the Study. During the first year, we will study the centers as they are at present. During the second year, we will provide funds to improve some centers to see if this changes what happens to children in day care. We will also examine the costs of different kinds of day care centers.

The design part of the Study began in July, 1974. Actual study of the centers began this summer and continues through June, 1977. Interviews with center staff and parents will help us to gather information about children and their day care centers. Interviews with parents will provide information about their need for and satisfaction with day care and the extent to which they are involved with their day care centers. In addition, we will observe your child's growth in the kind of skills and abilities that children of this age acquire in day care.

Interviewers, who will be hired from your area and given special training, will talk to parents like yourselves about day care in the fall and again in the spring. We will make sure that this is done at a time that is convenient for you. The interview will last about an hour. All information given by parents or center staff is confidential and will not be reported in a way that identifies individuals. Your participation in this study is voluntary. Whether or not you participate or how you answer any question, should you desire to participate, will not in any way affect your right to send your child here or to any other day care center, or affect your eligibility for present or future federal programs or benefits.

We hope that you will be willing to help us in this effort and allow your child to participate in the study. If you have any questions about the study, please let your center director know. We look forward to working with you, your children and the staff of your center. GO TO NEXT PAGE.

IF YES:

Do you have any questions about the study? IF YES, DEAL WITH QUESTIONS FIRST.

IF NO:

Would you be willing to have your child participate in the study and would you yourself be willing to answer some questions about your family and your feelings about day care?

YES ☐ ASK RESPONDENT TO CHECK BOX BELOW AND SIGN NAME.

NO ☐ CLOSE INTERVIEW AND THANK RESPONDENT.

HAND PARENT A COPY OF THE CONFIDENTIALITY STATEMENT.

READ STATEMENT ALOUD TO PARENT.

Confidentiality Statement

Your participation in this study is entirely voluntary. Whether or not you participate or how you answer any of the questions, should you desire to participate, will not in any way affect your right to send your child here or to any other day care center, or affect your eligibility for present or future federal programs or benefits. All completed interview forms will have names and addresses removed from them at the Site Office. No member of a day care center staff or parent will have access to data on individual parents or children at any time. No information about any individual respondent will be specifically identified in any reports published by Abt Associates. All individual respondent data collected on site will be held in confidence and all data analyses will reflect either group response or anonymous individual data. All data will be turned over to the U.S. Department of HEW upon completion of the study.

☐ Yes. I am willing to be interviewed for the National Day Care Study and to allow my child(ren) to participate in the study. I understand that I may refuse to answer any questions I do not wish to answer.

☐ Yes, I understand that participation means that my child will be observed and tested twice during the year, in the fall and in the spring.

IF INTERVIEW COMPLETED, PLEASE FILL OUT:

For Interviewer

This interview has been conducted according to all specifications of the Field Manual.

Signature of Interviewer

Date

For Participant

I have received five dollars to reimburse expenses.

Signature of Respondent

Date

Abt Associates Inc.
55 Wheeler Street
Cambridge, Mass.
02138

O.M.B. No. 85R0279
Approval Expires 6/76

12 August 1975

National Daycare Study
Parent Interview

Center Name _____

Site Name _____

Child I.D. #

8/9/10/11/12/13/14/15/16/17

Permanent I.D. #

1/2/3/4/5/6/7

Date of Interview

197

Interviewer Name _____

Final Status

Complete ()

Refused ()

Incomplete ()

Items Missing ()

18/19

No Contact ()

Language Barrier ()

CALL RECORD

#	DATE	TYPE		INTERVIEWER ID NUMBER	NO ANSWER	RESP. NOT HOME/NOT AVAILABLE	RESP. REFUSED	RESP. COMP. INTERVIEW
		PHONE	LETTER					
1								
2								
3								
4								

HEW APPROVAL DATE

230
212

INTERVIEWER ID #

1. First, not counting the times you brought NAME OF CHILD to and from the center, about how many times have you visited it since your child has been enrolled?

20 / 21
 Times

None ()

Don't know () -2

} → SKIP TO Q.3

2. What kinds of things do you mostly do when you visit the center? PROBE.
 What other kinds of things do you do when you visit the center? DO NOT
 READ LIST. DO NOT CHECK MORE THAN FIVE RESPONSES.

A. Talk to teacher about my child () 01

B. Talk to director about my child () 02

C. Talk to social service personnel () 03

D. Talk to health personnel () 04

E. Attend parent educational meetings () 05

F. Work as volunteer in classroom/accompany class on field trips () 06

G. Work as paid aide in classroom () 07

H. Sit in on teacher workshops and training sessions () 08

I. Help with kitchen, food preparation, with cleanups, laundry, etc. () 09

J. Structural help: carpentry, painting, etc. () 10

K. Help to hire day care staff, buy equipment, other decision making () 11

L. Help in choosing materials () 12

M. Help in planning meals () 13

N. Help in choosing program activities and trips () 14

O. Social activities () 15

P. Other (SPECIFY) () 16

22/23

1

24/25

2

26/27

3

28/29

4

30/31

5

3. If you had more time to visit the center, what things would you like to do? DO NOT READ LIST. DO NOT CHECK MORE THAN FIVE RESPONSES.

- | | | |
|--|--------|--|
| A. Talk to teacher about my child | () 01 | |
| B. Talk to director about my child | () 02 | |
| C. Talk to social service personnel | () 03 | |
| D. Talk to health personnel | () 04 | 32/33
1 <input type="checkbox"/> <input type="checkbox"/> |
| E. Attend parent educational meetings | () 05 | 34/35
2 <input type="checkbox"/> <input type="checkbox"/> |
| F. Work as volunteer in classroom/accompany class on field trips | () 06 | 36/37
3 <input type="checkbox"/> <input type="checkbox"/> |
| G. Work as paid aide in classroom | () 07 | 38/39
4 <input type="checkbox"/> <input type="checkbox"/> |
| H. Sit in on teacher workshops and training sessions | () 08 | 40/41
5 <input type="checkbox"/> <input type="checkbox"/> |
| I. Help with kitchen, food preparation, with cleanups, laundry, etc. | () 09 | |
| J. Structural help: carpentry, painting, etc. | () 10 | |
| K. Help to hire day care staff, buy equipment, other decision making | () 11 | |
| L. Social activities | () 12 | |
| M. Help with choosing materials | () 13 | |
| N. Help with planning meals | () 14 | |
| O. Help with choosing program activities | () 15 | |
| P. Other (SPECIFY) _____ | () 16 | |
| Q. Do not want to visit | () 17 | |

4. How involved do you think parents should be in the running of this center? Do you feel they should be more involved, less involved, or stay about the same?

- | | | |
|---------------------|--------|-----------------|
| More involved | () 01 | } → SKIP TO Q.5 |
| Less involved | () 02 | |
| Stay about the same | () 03 | |
| Don't know | () -2 | |
| Refused | () -3 | |

42/43
☐ ☐

IF RESPONDENT SAID MORE INVOLVED, ASK A:

(4)A. In what areas do you feel parents ought to be more involved? DO
NOT READ LIST. CHECK ALL THAT APPLY.

Hiring the director	()	44/45
Hiring the staff	()	46/47
Selecting materials	()	48/49
Creating programmed activities/ field trips	()	50/51
Working in Center part-time	()	52/53
Other (specify) _____	()	54/55

Don't know	()	56/57
Skipped	()	58/59

Now I want to ask you about what you may have learned about your child
or things to do with your child from your experience with the center.
Have you learned about (READ LIST, CHECK ALL THAT APPLY).

A. Ideas about books and reading	()	60/61
B. Ideas for games with children	()	62/63
C. Ideas and know-how to make home-made toys	()	64/65
D. Ideas on how to handle discipline problems (i.e., avoiding confrontations, using distraction techniques, etc.)	()	66/67
E. Ideas about needs different children have and how different children learn	()	68/69
F. Any others? (SPECIFY) _____	()	70/71

G. None of the above	()	72/73
H. Don't know	()	74/75

SKIP to Q.6

IF PARENT LEARNED FROM EXPERIENCE WITH CENTER, ASK A:

(5)A. Did you find out about those things by: (READ LIST).

	<u>01</u> <u>Yes</u>	<u>02</u> <u>No</u>	
A. Visits to the center to watch or work	()	()	8/9
B. Meetings with specialists in classes or groups or lectures	()	()	10/11
C. Talking to (your child's) teacher	()	()	12/13
D. Talking to the center director	()	()	14/15
E. Talking to other mothers whose children go to the center	()	()	16/17
F. Talking to and watching your child at home	()	()	18/19
G. Skipped	()	()	20/21

6. I'm going to read a list of problems which you may or may not have in your life. For each one I read, could you tell me whether or not the day care center has made a difference in your dealing with the problem? RECORD BELOW.

FOR EACH "YES", ASK A:

(6)A. In what way has the center made a difference?

	<u>Q.6</u>			<u>Q.6A</u>	
	<u>Yes</u>	<u>No</u>	<u>Don't Have Problem</u>		
	<u>01</u>	<u>02</u>	<u>03</u>		
A. Medical problems	<u>22/23</u> [][]	()	()	()	<u>24/25</u> [][]
B. Money problems	<u>26/27</u> [][]	()	()	()	<u>28/29</u> [][]
C. Legal problems	<u>30/31</u> [][]	()	()	()	<u>32/33</u> [][]
D. Job problems	<u>34/35</u> [][]	()	()	()	<u>36/37</u> [][]
E. Any other problems	<u>38/39</u> [][]	()	()	()	<u>40/41</u> [][]

Has the day care center helped you to get more schooling or more training?

Yes () 01

42/43

No () 02

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Don't know () -2

8. Has the day care center helped you to get a job?

Yes () 01

No () 02

Don't know () -2

44/45

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9. There are many aspects of a day care program with which parents might be either more or less satisfied. I would like to read some of these aspects to you. For each one I read to you, I would like you to tell me how satisfied you have been with that particular aspect. I would like you to tell me if you have been very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied. (READ LIST).

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied			
	01	02	03	04	05			
A. The total amount of money you have to pay	()	()	()	()	()	46/47 <table><tr><td></td><td></td></tr></table>		
B. The arrangements you have for making your payments	()	()	()	()	()	48/49 <table><tr><td></td><td></td></tr></table>		
C. The number of hours that the center is open	()	()	()	()	()	50/51 <table><tr><td></td><td></td></tr></table>		
D. The time of day that the center opens and the time it closes	()	()	()	()	()	52/53 <table><tr><td></td><td></td></tr></table>		
E. Getting from your home to the center	()	()	()	()	()	54/55 <table><tr><td></td><td></td></tr></table>		
F. Getting from the center to your place of work	()	()	()	()	()	56/57 <table><tr><td></td><td></td></tr></table>		
G. The safety of the streets around the center	()	()	()	()	()	58/59 <table><tr><td></td><td></td></tr></table>		
H. The cleanliness of the center	()	()	()	()	()	60/61 <table><tr><td></td><td></td></tr></table>		
I. Arrangements for taking care of sick children	()	()	()	()	()	62/63 <table><tr><td></td><td></td></tr></table>		
J. Meals at center	()	()	()	()	()	64/65 <table><tr><td></td><td></td></tr></table>		
K. Arrangements for rest and nap times	()	()	()	()	()	66/67 <table><tr><td></td><td></td></tr></table>		

10. Do you feel that the discipline your child receives at the center is right?
Do you feel it is right for your child all of the time, some of the time,
of none of the time?

All of the time () 01
Some of the time () 02
None of the time () 03
Don't know () -2

68/69

--	--

11. Do you feel that the staff at the center does a very good job, good job,
or not so good job preparing NAME OF CHILD for grade school?

Very good () 01
Good () 02
Not so good () 03
Don't know () -2

70/71

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12. How many more teachers do you think the center needs? Do you think it
needs a lot more teachers, a few more teachers, or no more teachers?

A lot more () 01
A few more () 02
No more () 03
Don't know () -2

72/73

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13. Do you think that there are enough toys and materials in the center?

Yes () 01
No () 02
Don't know () -2

74/75

--	--

14. Do you think that the center needs a lot more teachers who are trained to care for young children, a few more, or no more? CARD 3

Lot more () 01
Few more () 02
No more () 03
Don't know () -2

8/9

--	--

15. Do you think that the amount of space at the center is very adequate, adequate, or not very adequate?

Very adequate () 01
 Adequate () 02
 Not very adequate () 03
 Don't know () -2

10/11

--	--

16. Do you think that the amount of individual attention the children receive at the center is too much, about right, or too little?

Too much () 01
 About right () 02
 Too little () 03
 Don't know () -2

12/13

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17. Do you think that the children get too much supervision, enough supervision, or not enough supervision at the center?

Too much () 01
 Enough () 02
 Not enough () 03
 Don't know () -2

14/15

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18. Do you think that the center needs a lot more experienced teachers, a few more, or no more?

Lot more () 01
 Few more () 02
 No more () 03
 Don't know () -2

16/17

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19. What do you think are the things that make a good day care teacher?
DO NOT READ LIST. RECORD VERBATIM. CHECK ONLY FIRST THREE RESPONSES
MENTIONED.

Style

- | | | |
|---------------------------------|--------|-------|
| A. Warm/loving | () 01 | |
| B. Likes children | () 02 | |
| C. Understands children's needs | () 03 | 18/19 |
| D. Patient | () 04 | |
| E. Firm | () 05 | 20/21 |
| F. Flexible | () 06 | |
| G. Enthusiastic | () 07 | 22/23 |
| H. Respects parents | () 08 | |
| I. Respects minority culture | () 09 | |

Technique

- | | |
|--|--------|
| I. Knows how to help children develop cognitive skills | () 10 |
| J. Knows how to help children develop social skills | () 11 |
| K. Knows how to handle emotional crises | () 12 |
| L. Manages classroom well | () 13 |
| M. Can make toys | () 14 |
| N. Knows a lot of games | () 15 |

Personal Traits

- | | |
|----------------------------|--------|
| O. Young | () 16 |
| P. Older | () 17 |
| Q. Sex | () 18 |
| R. Experienced in day care | () 19 |
| S. College-trained | () 20 |
| T. Same race as me | () 21 |
| U. Other (SPECIFY) _____ | () 22 |

Let's talk about NAME OF CHILD now.

20. Has the day care made a difference in your child? PROBE. Have you noticed changes in him/her?

Yes () 01

No () 02

Don't know () -2

} → SKIP TO Q.21

24/25

--	--

IF YES, ASK A:

(20)A. In what ways has he/she changed? DO NOT READ LIST. RECORD VERBATIM AND CHECK ALL THAT APPLY BELOW.

FOR EACH CHANGE MENTIONED, ASK 1:

(20)A1. Do you feel that his/her READ TYPE OF CHANGE IN Q.20A has gotten better or worse?

	<u>Q.20A</u>	<u>Q.20A.1</u>		
		<u>Better</u>	<u>Worse</u>	<u>Don't know</u>
		01	02	-2
A. Social behaviors (i.e., self-control, following orders, getting along with others, sharing, etc.)	() 26/27 [] []	()	()	() 28/29 [] []
B. Physical development (i.e., running and climbing, picking up and manipulating small objects)	() 30/31 [] []	()	()	() 32/33 [] []
C. Personal areas (fears, shyness, thumbsucking, bed wetting, worry about being left at the center, cleanliness, eating habits)	() 34/35 [] []	()	()	() 36/37 [] []
D. Academic (self expression and language development, problem solving skills)	() 38/39 [] []	()	()	() 40/41 [] []
Other (SPECIFY) _____	() 42/43 [] []	()	()	() 44/45 [] []

21. Does your child bring home from the center any ways of behaving, ideas, speech, or other habits, which you wish he/she didn't?

Yes () 01
 No () 02
 Don't know () -2

} → SKIP TO Q.22

46/47

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IF YES, ASK A:

- (21)A. What do you do when that happens? RECORD VERBATIM.

Nothing () 01
 Don't know () -2
 Skipped () -1

48/49

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22. Has your child had any accidents or injuries while he/she has been at the center?

Yes () 01
 No () 02
 Don't know () -2

} → SKIP TO Q.23

50/51

--	--

IF YES, ASK A:

- (22)A. Can you tell me how many?

52/53

--	--

Don't know ()

23. Has your child had any illnesses while he/she has been at the center?
 PROBE. Any serious illnesses?

Yes () 01
 No () 02
 Don't know () -2

54/55

--	--

24. Now I'd like to ask you about what kinds of things you do with your child? I'm going to read a list of activities -- could you tell me, for each one, whether you do that with your child or not? READ LIST.

FOR EACH ACTIVITY RESPONDENT DOES WITH CHILD, ASK A:

- (24)A. How often do you NAME ACTIVITY -- daily, several times a week, once a week, or once in a while?

			<u>Q.24</u>		<u>Q.24A.</u>			
			<u>Yes</u>	<u>No</u>	<u>Daily</u>	<u>Several times A Week</u>	<u>Once A Week</u>	<u>Once In A While</u>
			01	02	01	02	03	04
A.	Read books, magazines	56/57	()	()	()	()	()	() 58/59
B.	Watch T.V.	60/61	()	()	()	()	()	() 62/63
C.	Go to the playground	64/65	()	()	()	()	()	() 66/67
D.	Go the ball-game	68/69	()	()	()	()	()	() 70/71
E.	Do housework	72/73	()	()	()	()	()	() 74/75
F.	Go shopping	8/9	()	()	()	()	()	() 10/11
G.	Play games inside	12/13	()	()	()	()	()	() 14/15
H.	Play games outside	16/17	()	()	()	()	()	() 18/19
I.	Tell stories	20/21	()	()	()	()	()	() 22/23
J.	Other (SPECIFY) _____	24/25	()	()	()	()	()	() 26/27
K.	Skipped	28/29	()	()	()	()	()	() 30/31

25. Now I'd like to ask you about how your child reacts when you and she/he arrive at the center each day.

(25)A. Would you say she/he is happy, not happy, or shows no emotion?

Happy () 01

Not happy () 02

No emotion () 03

Don't know () -2

32/33

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(25)B. Does she/he cry once in a while, usually, or never?

Once in a while () 01

Usually () 02

Never () 03

34/35

--	--

(25)C. Does she/he cling to you once in a while, usually, or never?

Once in a while () 01

Usually () 02

Never () 03

36/37

--	--

26. Do you feel that your child likes his/her teacher at the center?

Yes () 01

No () 02

Don't know () -2

Refused () -3

38/39

--	--

27. Do you like your child's teacher at the center?

Yes () 01
 No () 02
 Don't know () -2
 Refused () -3

40/41

--	--

28. You have talked earlier about your satisfaction or dissatisfaction with some things in this center. Now, I would like to ask you how, if you could, you would change things. I'm going to read a list of things in the program here, and for each one, would you please tell me whether or not you would change it? READ LIST.

	Yes	No	Don't know
	01	02	-2
1. Reduce cost	()	()	() 42/43
2. Improve transportation arrangements	()	()	() 44/45
3. Improve discipline	()	()	() 46/47
4. Improve supervision of children	()	()	() 48/49
5. Increase grade school preparation work	()	()	() 50/51
6. Decrease grade school preparation work	()	()	() 52/53
7. More community people serving as Teachers/aides	()	()	() 54/55
8. Better trained teachers	()	()	() 56/57
9. More social/medical services for parents (personal, occupational, parent education services)	()	()	() 58/59
10. Cleaner/safer facilities <u>in</u> center	()	()	() 60/61
11. More attention (including professional) paid to the <u>special problems</u> of my child	()	()	() 62/63
12. Better (amount/quality) food (meals or snacks)	()	()	() 64/65
13. Improve the educational activities	()	()	() 66/67
14. Better arrangements for sick children	()	()	() 68/69
15. Different nap/rest arrangements	()	()	() 70/71
16. Increase parent participation in Center decisions (including hiring director)	()	()	() 72/73

29. I'm going to read a list of aspects of day care centers and nursery schools. Would you tell me whether or not you feel each item should be regulated by federal standards? READ LIST.

	<u>Yes</u> 01	<u>No</u> 02	
A. Ensure that fire and building safety codes are met	()	()	8/9
B. Prevention of the spread of disease through sanitation requirements	()	()	10/11
C. Number of children per responsible adult	()	()	12/13
D. Training and qualification of staff	()	()	14/15
E. Food and nutrition	()	()	16/17
F. Program content and activities which help the development of each child	()	()	18/19
G. Space per child, and adequacy of physical surroundings and equipment	()	()	20/21
H. Counseling and referral services for family and child problems	()	()	22/23
I. Health and medical requirements and services	()	()	24/25

30. Are there any other things you like or dislike about the center that you would like to mention? RECORD VERBATIM.

PART II: DEMOGRAPHIC DATA

We would like to ask you some questions about yourself and your family. We need this information because we need to know something about the people who use day care. If a question bothers you, you don't have to answer it.

31.	A. Please give me the ages of the people who usually live in your household? Start with the oldest, and please include yourself.	B. Code Sex		C. What is (PERSON'S) Relationship to NAME OF CHILD?	D. For any children under age 10, PLEASE ASK: Has the child age (READ NUMBER) been in day care before or now?		E. IF YES TO Q.25D, ASK E: Was/is he/she at this day care center?	
		M 01	F 02		YES 01	NO 02	01 YES	02 NO
	26/27 <input type="text"/>	28	29	30/31	32/33	<input type="text"/>	34/35	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()
	36/37 <input type="text"/>	38	39	40/41	42/43	<input type="text"/>	44/45	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()
	46/47 <input type="text"/>	48	49	50/51	52/53	<input type="text"/>	54/55	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()
	56/57 <input type="text"/>	58	59	60/61	62/63	<input type="text"/>	64/65	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()
	66/67 <input type="text"/>	68	69	70/71	72/73	<input type="text"/>	74/75	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()
	8/9 <input type="text"/>	10	11	12/13	14/15	<input type="text"/>	16/17	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()
	18/19 <input type="text"/>	20	21	22/23	24/25	<input type="text"/>	26/27	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()
	28/29 <input type="text"/>	30	31	32/33	34/35	<input type="text"/>	36/37	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()
	38/39 <input type="text"/>	40	41	42/43	44/45	<input type="text"/>	46/47	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()
	48/49 <input type="text"/>	50	51	52/53	54/55	<input type="text"/>	56/57	<input type="text"/>
	<input type="text"/>	()	()	<input type="text"/>	()	()	()	()

No. of Adult Males

 58/59

No. of Adult Females

 60/61

No. of Teenage Males

 62/63

No. of Teenage Females

 64/65

No. of Child Males

 66/67

No. of Child Females

 68/69

32. What is the highest grade in elementary school or high school that you finished and got credit for?

70/71
 Grade Number

No formal schooling () -1
 Don't know () -2
 Refused () -3

IF 12 YEARS, ASK A:

(32)A. Did you attend college?

Yes () 01
 No () 02
 Skipped () -1 } → SKIP TO Q.33

72/73

(32)A1. How many years of college did you finish and get credit for?

74/75
 Number

Skipped () -1
 Don't Know () -2
 Refused () -3

IF 4 YEARS, ASK 2:

(32)A2. Did you attend any graduate schools?

Card 7

Yes () 01
 No () 02
 Skipped () -1
 Don't Know () -2
 Refused () -3 } → SKIP TO Q.33

8/9

(32)A3. How many years of graduate school did you finish?

10/11
 Years

Skipped () -1
 Don't Know () -2
 Refused 247 () -3

33. Have you had any additional special training, such as: (READ LIST AND CHECK ALL THAT APPLY)

FOR EACH TRAINING
CHECKED, ASK: What
type of training was
that?

Business	() 12/13	_____	14/15
Technical	() 16/17	_____	18/19
Apprentice	() 20/21	_____	22/23
Other (SPECIFY) _____	() 24/25	_____	26/27

34. We would like to ask you some questions about your current job. Are you in school or training?

Yes	() 01	
No	() 02	→ SKIP TO Q. 36

28/29
□ □

35. Is that full-time or part-time?

Full-time	() 01
Part-time	() 02
Skipped	() -1

30/31
□ □

36. Are you working?

Yes	() 01	
No	() 02	→ SKIP TO Q. 38

32/33
□ □

37. Do you work full-time or part-time?

Full-time	() 01
Part-time	() 02
Skipped	() -1

34/35
□ □

38. Are you looking for work?

Yes	() 01	
No	() 02	→ SKIP TO Q. 40

36/37
□ □

9. Are you looking for full-time work or part-time work, less than 30 hours?

Full-time () 01

38/39

Part-time () 02

--	--

NO CHECK BACK TO Q.36 IF RESPONDENT IS NOT WORKING, SKIP TO Q.41.

0. What is your current occupation?

JOB
CODE

40/41

--	--

ASK A & B:

(40)A. What type of firm or organization do you work for?

TYPE
CODE

42/43

--	--

Skipped () -1

Refused () -3

(40)B. How long have you been working with this employer, in years and months?

44/45

--	--

Years

46/47

--	--

Months

Skipped () -1

Don't Know () -2

Refused () -3

41. What kind of work are you trained to do?

48/49

50/51

52/53

Don't know () -2

Refused () -3

42. What kind of work have you had the most experience doing? This may or may not be the same as your current job.

54/55

56/57

58/59

CHECK BACK TO Q.31. IF CHILD'S FATHER/MOTHER NOT LISTED, GO ON TO PART III, p.28.

Now, I'd like to ask about your child's father's/mother's education and training.

43. What is the highest grade in elementary school or high school that he/she finished and go credit for?

60/61

Grade Number

No formal schooling ()

Don't know () -2

Refused () -3

IF 12 YEARS, ASK A:

- (43)A. Did he/she attend college?

Yes () 01

No () 02

Skipped () -1

} → SKIP TO Q.44

62/63

(43)A1. How many years of college did he/she finish and get credit for?

64/65
 Number

Skipped () -1
 Don't Know () -2
 Refused () -3

IF 4 YEARS, ASK 2:

(43)A2. Did he/she attend any graduate schools?

Yes () 01
 No () 02
 Skipped () -1
 Don't Know () -2
 Refused () -3

} → SKIP TO Q. 44

66/67

(43)A3. How many years of graduate school did he/she finish?

68/69
 Years

Skipped () -1
 Don't Know () -2
 Refused () -3

Has he/she had any additional special training, such as: (READ LIST AND CHECK ALL THAT APPLY)

CARD 8

FOR EACH TRAINING
 CHECKED, ASK: What
 types of training was
 that? _____

Business	() 8/9	_____	10/11
Technical	() 12/13	_____	14/15
Apprentice	() 16/17	_____	18/19
Other (SPECIFY) _____	() 20/21	_____	22/23

45. We would like to ask some questions about his/her current job. Is he/she in school or training?

Yes () 01

No () 02 →

SKIP TO Q.47

24/25

--	--

46. Is that full-time or part-time?

Full-time () 01

Part-time () 02

Skipped () -1

26/27

--	--

47. Is he/she working?

Yes () 01

No () 02 →

SKIP TO Q.49

28/29

--	--

48. Does he/she work full-time or part-time?

Full-time () 01

Part-time () 02

Skipped () -1

30/31

--	--

49. Is he/she looking for work?

Yes () 01

No () 02 →

SKIP TO Q.51

32/33

--	--

50. Is he/she looking for full-time work or part-time work, less than 30 hours?

Full-time () 01

Part-time () 02

34/35

--	--

NOW CHECK BACK TO Q. 47. IF RESPONDENT IS NOT WORKING, SKIP TO Q.52.

51. What is his/her current occupation?

JOB
CODE

36/37

--	--

ASK A & B:JOB
CODE

38/39

(51)A. What type of firm or organization does he/she work for?

--	--

Skipped () -1

Refused () -3

(51)B. How long has he/she been working with this employer, in years and months?

40/41	42/43					
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			Years Months

Skipped () -1

Don't Know () -2

Refused () -3

52. What kind of work is he/she trained to do?

44/45

--	--

46/47

--	--

48/49

--	--

Don't know () -2

Refused () -3

53. What kind of work has he/she had the most experience doing? This may or may not be the same as his/her current job.

50/51

--	--

52/53

--	--

54/55

--	--

PART III FAMILY INCOME

54. What were your sources of income since January, 1975? Just tell me the letter. RECORD BELOW.

HAND CARD TO RESPONDENT

IF MORE THAN ONE SOURCE, ASK A:

A. What is your primary source of income? CHECK ONLY ONE RESPONSE. _____

- | | <u>Q.54</u> | <u>Q.54A</u> |
|--|-------------|--------------|
| A. Employment | () 56/57 | () 01 |
| B. Unemployment Compensation | () 58/59 | () 02 |
| C. AFDC | () 60/61 | () 03 |
| D. Public Assistance | () 62/63 | () 04 |
| E. WIN | () 64/65 | () 05 |
| F. Social Security | () 66/67 | () 06 |
| G. Workman's Compensation | () 68/69 | () 07 |
| H. Veteran's Pension | () 70/71 | () 08 |
| I. Military Salary | () 72/73 | () 09 |
| J. Railroad Pension | () 74/75 | () 10 |
| K. Alimony of Child Support | () 8/9 | () 11 |
| L. S.S.I., Supplemental Security Income, which used to be called Old Age Assistance, Aid to the Blind, and Aid to the Disabled | () 10/11 | () 12 |
| M. Other (SPECIFY) _____ | () 12/13 | () 13 |
| N. Refused | () 14/15 | () -3 |

CARD 9

16/17

TAKE CARD BACK FROM RESPONDENT

55. What is the total household income altogether for all of this year, 1975, before taxes?

HAND CARD TO RESPONDENT

- | | |
|------------------------|--------|
| A. \$3,000 or less | () 01 |
| B. \$3,000 - \$6,000 | () 02 |
| C. \$6,000 - \$9,000 | () 03 |
| D. \$9,001 - \$12,000 | () 04 |
| E. \$12,001 - \$15,000 | () 05 |
| F. \$15,001 - \$18,000 | () 06 |
| G. \$18,001 and over | () 07 |
| H. Refused | () -3 |

18/19

CHECK
ONLY
ONE
RESPONSE

TAKE CARD BACK FROM RESPONDENT

PART IV : FEDERAL PROGRAMS

56. Are any family members currently participating in any of these federally sponsored programs? CHECK ALL THAT APPLY.

HAND CARD TO RESPONDENT

- | | | |
|--|-----|-------|
| A. Summer Head Start | () | 20/21 |
| B. Full Year Head Start | () | 22/23 |
| C. Other Pre-School Program | () | 24/25 |
| D. Neighborhood Youth Corps (NYC) | () | 26/27 |
| E. Job Corps | () | 28/29 |
| F. Upward Bound | () | 30/31 |
| G. Public Housing Projects | () | 32/33 |
| H. Medicaid | () | 34/35 |
| I. Welfare (AFDC) | () | 36/37 |
| J. Food Stamps | () | 38/39 |
| K. Federal Surplus Commodities | () | 40/41 |
| L. Work Incentives Program (WIN) | () | 42/43 |
| M. Concentrated Employment Program (CEP) | () | 44/45 |
| N. Followthrough | () | 46/47 |
| O. High School Equiv. Program (HEP) | () | 48/49 |
| P. Other (SPECIFY) _____ | () | 50/51 |
| <hr/> | | |
| Q. None of the above | () | 52/53 |

Well, that's all the questions I wanted to ask you. Thank you very much for cooperating on this interview.

BEFORE LEAVING, CHECK OVER THE QUESTIONNAIRE TO MAKE SURE THAT YOU HAVE NOT MISSED ANY QUESTIONS.

APPENDIX:

Phase I Instruments

TELEPHONE SURVEY TABLE OF CONTENTS

	<u>Page</u>
Telephone Survey	242

3.1 Telephone Survey

During December 1974 and January 1975 25 percent of the day care center directors in 17 cities* were called in a telephone survey as part of the initial center selection process. On the basis of this survey 100 percent of the centers in six sites -- Atlanta, Chicago, Detroit, Los Angeles, New Orleans, and Seattle -- were called and asked the same survey questions. As a result of analyses of these responses, Atlanta, Detroit and Seattle were selected to participate in the study.

The survey was designed to collect basic enrollment and operational information which would help study staff in determining which cities had a sufficient day care population eligible for the study. In addition, the survey assessed center willingness to participate in the study. Results from the survey were reported in two volumes: Statistical Summary Tables for the 25% Survey and Statistical Summary Tables for the 100% Survey in Six Potential Study Sites.

*Atlanta, Chicago, Dallas, Denver, Detroit, Houston, Jacksonville, Los Angeles, Memphis, Miami, Minneapolis, New Orleans, New York, Philadelphia, San Francisco, Seattle, and Washington D.C.

TELEPHONE SURVEY

Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA. 02138

OMB # 85-S74027
Approval Expires: 1/31/75

December 2, 1974

NATIONAL DAY CARE STUDY

CARD 1

DAY CARE CENTER DIRECTOR TELEPHONE SURVEY

PLEASE PRINT CAREFULLY

Name of Interviewer _____

Interviewer ID # _____ 8/9

Name and Address of Center

(ATTACH LABEL)

CALL RECORD

RESULT OF ATTEMPT

#	Date	No Answer	Director Away From Center	Date & Time of Requested Call-Back	Director Requested Call-Back	Date & Time of Requested Call-Back	Director Re-fused	Director Completed Interview	COMMENTS

FINAL STATUS

FINAL STATUS:	10	OUTCOME:	11
COMPLETE	<input type="checkbox"/> 1	CENTER PASSED SCREENING	<input type="checkbox"/> 1
REFUSED	<input type="checkbox"/> 2	CENTER UNDER TWO YEARS OLD	<input type="checkbox"/> 2
TERMINATED/INCOMPLETE	<input type="checkbox"/> 3	5/31/75	
NEVER CONTACTED	<input type="checkbox"/> 4	CENTER DID NOT PASS SCREENING	<input type="checkbox"/> 3
WRONG NUMBER	<input type="checkbox"/> 5		
CENTER NO LONGER OPERATING	<input type="checkbox"/> 6		

261

Time Begun: _____

NATIONAL DAY CARE STUDY

DIRECTOR PHONE SURVEY

INTRODUCTION

Hello, is this the _____ Day Care Center?
My name is _____ with Abt Associates, in Cambridge,
Mass. I'm calling for the National Day Care Study.

May I speak to Mr. (Ms.) _____ (Your Director) _____ please?

Hello, Mr. (Ms.) _____, my name is _____
with Abt Associates in Cambridge, Mass. We are a social science
research firm. Did you receive information in the mail about our
National Day Care telephone survey?

Yes

☐

SKIP TO PAGE 3

No

☐

We've been asked by the Office of Child Development in Washington,
D.C. to conduct a three-year National Day Care Study in licensed day
care centers. We want to learn a great deal more about what happens be-
tween Day Care workers and children in large and small groups. Inter-
viewing day care directors is one of the ways to find out what the
day care center world is like in 1974, so we are calling directors in one
of every four randomly selected centers in 18 major cities around the
country to find out more about their centers and to determine which cities
have the largest numbers of centers eligible for the study. Your
center was selected from the current day care licensing list in your state.

The findings of the study will provide important information to
public policy makers both in Washington and in the local governments,
and to day care directors like yourself.

Abt Associates is concerned, as we know you are, about the confiden-
tiality of any information you may give us.

Let me read you our guarantee of confidentiality statement:

Abt Associates is required by the Department of Health, Education and Welfare, (HEW), to inform you of the following:

Your participation in this survey is voluntary and your refusal to participate or how you answer any of the questions should you decide to participate will not affect your eligibility for present or future federal programs or benefits.

All center-identifying information collected by this study will be treated as confidential. Names, addresses or other identifying information of the survey participants will not be disclosed. Data provided to the Office of Child Development of HEW will reflect the totalled responses of all centers surveyed in a particular city, and will not reveal the identities or the individual questionnaire responses of the surveyed centers. At the conclusion of this telephone survey, Abt Associates will recommend to OCD three cities for further day care study. Abt Associates will maintain all center-identifying data collected by this telephone survey, including the individual questionnaire responses, until the entire national day care study is completed...after a maximum length of 3½ years. Once the study is completed, Abt Associates will destroy all information within its possession pertaining to this telephone survey.

We will send you a letter containing a copy of the statement we just read to you, and a short description of the study.

Would you be willing to participate in the telephone survey?

Yes	<input checked="checked" type="checkbox"/>	12
No	<input type="checkbox"/>	1
	<input type="checkbox"/>	2

PART I: INITIAL SCREENING

Are you willing to participate in the telephone survey?

☒ 12

Yes () 1

No () 2

The first set of questions is about your center's basic operations.

1. First, I want to make sure we have the correct spelling of your name, your correct center mailing address, and zip code.

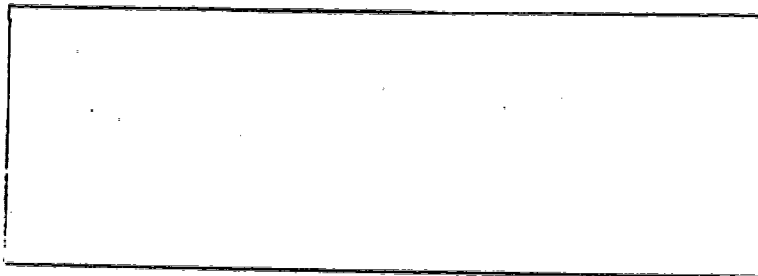
Let me read you that information:

Mrs. ()

Miss ()

Ms. ()

Mr. ()



(ATTACH LABEL)

Is that correct? (CHECK APPROPRIATE RESPONSES)

☒ 13

Above computer address label was correct () 1

Correction was made manually and needs to be made on computer () 2

2. How is your center legally organized? PROBE: Is your center profit or non-profit? (THEN ASK) Are you individually owned or a corporation? (DO NOT READ LIST. CHECK ONLY ONE RESPONSE.)

14 15

- Independent-Individually owned () 01 → SKIP TO Q.5
- Independent-Corporation - Profit () 02
- Non-Profit () 03
- Voluntary Agency - Church () 04
- Social Service () 05
- Community () 06
- Public Agency - Federal () 07
- State () 08
- Local () 09
- Don't know () -2
- Refused () -3

3. What is the name of your sponsor agency?

16 17

Name of agency 01

- Does not have a sponsor agency () 02 → SKIP TO Q.6
- Don't know () -2
- Refused () -3
- Skipped () -1

4. What is the name of your contact person at the agency? PROBE: Who is the person you usually talk to there?

18 19

Mr./Ms. _____ 01
First Last

- Don't know () -2
- Refused () -3
- Skipped () -1

5. (DELETED)

6. How many years has your center been operating?

22/23

→ IF MORE THAN TWO YEARS, SKIP TO Q.8
 IF LESS THAN TWO YEARS ENTER ON FRONT PAGE

7. In what month and year did your center begin operation?

24/25

 Month

26/27
 19
 Year

8. Is your center licensed to serve more than 24 children?

28 29

Yes () 01

No () 02 → () SKIP TO Q.10

9. How many children are you licensed to serve?

30/31/32

 # children

10. Is your center licensed to serve 3 year and 4 year olds?

33 34

Yes () 01

No () 02 → () SKIP TO Q.12

11. And what other ages are you licensed to serve?

35/36 38 39/40 42
 • years to • years
 (Youngest age served) (Oldest age served)

12. Are you open 12 months a year?

43 44

Yes () 01 → SKIP TO Q.14

No () 02

13. Which months are you closed?

Jan.	()	May	()	Sept.	()	IF MORE THAN 2	<input type="text"/> 45 <input type="text"/> 46
Feb.	()	June	()	Oct.	()	CHECKED PUT A CHECK	() 02
March	()	July	()	Nov.	()	IF ONLY 1 OR 2	
April	()	August	()	Dec.	()	CHECKED PUT A CHECK	
						MARK HERE	() 01

14. How many days per week are you open?

47 48

Less than 5 02 _____ ()

Mon.-Fri. (5) () 01

More than 5 () 03

15. Is your center open for more than 7 hours each day?

49 50

Yes () 01

No 02 _____ () → SKIP TO Q.17

16. What hours is your center open each day?

From $\frac{51/52/53/54}{\boxed{}\boxed{}\boxed{}\boxed{}}$ () a.m. to $\frac{55/56/57/58}{\boxed{}\boxed{}\boxed{}\boxed{}}$ () a.m.
() p.m. () p.m.

17. How many children are currently enrolled?

59/60/61

$\boxed{}\boxed{}\boxed{}$

children

62

If less than 25 2 _____ ()

25 or more () 1

18. How many of your current enrollment are 3 and 4 year olds?

63/64/65

$\boxed{}\boxed{}\boxed{}$

66

If less than 20 2 _____ ()

20 or more () 1

19. How many of those (READ NUMBER OF CHILDREN MENTIONED IN Q.18) children attend for at least 8 hours per day, 5 days a week?

67/68/69

$\boxed{}\boxed{}\boxed{}$

70

If less than 15 2 _____ ()

15 or more () 1

PLEASE REVIEW QUESTIONS 8, 10, 13, 14, 15, 17, 18, 19. IF YOU HAVE MADE ANY CHECK MARKS IN THE BOXES ON THE FAR RIGHT OF THE PAGE, GO ON TO CLOSE OUT, PAGE 27.

71-77

= 0

78-80

= 101

PART II: CHILDREN AND PARENTS

The next set of questions is about the children and the staff (FOR LARGE CENTERS: "If you have a list of staff and children by group, it may be helpful to get it to assist you.)

19A. How many groups (or classrooms) of children do you have in the center?

8/9

--	--

Don't know () -2

Refused () -3

We are particularly interested in knowing how your 3 and 4 year old children are grouped with your staff. We're talking about kids who spend most of their day at the center in the same group.

20. How many groups of 3 and 4 year olds do you have?

10/11

--	--

groups

Don't know () -2

Refused () -3

10/11

--	--

Don't have groups, have open classes.

ASK Q.21-24 FOR EACH GROUP BEFORE GOING ON TO THE NEXT GROUP.

21. How many groups of
3 year olds do you
have? (REPEAT FOR
4 YEAR OLDS)

22. How many full-time paid class-
room staff who work 5 days a
week do you have with that
group?

23. How many part-time, paid class-
room staff do you have with
that group? (IF NO PART-TIME,
SKIP Q. 26 & 29.

	Age	Number	Don't		# Full-Time Staff	Don't		# Part-Time Staff	Don't	
			Know	Refused		Know	Refused		Know	Refused
1.	12-13	14/15			16/17			18/19		
			() -2	() -3		() -2	() -3		() -2	() -3
2.	22-23	24/25			26/27			28/29		
			() -2	() -3		() -2	() -3		() -2	() -3
3.	32-33	34/35			36/37			38/39		
			() -2	() -3		() -2	() -3		() -2	() -3
4.	42-43	44/45			46/47			48/49		
			() -2	() -3		() -2	() -3		() -2	() -3
5.	52-53	54/55			56/57			58/59		
			() -2	() -3		() -2	() -3		() -2	() -3
6.	62-63	64/65			66/67			68/69		
			() -2	() -3		() -2	() -3		() -2	() -3
7.	8-9	10/11			12/13			14/15		
			() -2	() -3		() -2	() -3		() -2	() -3

Total 18/19

Total 20/21

1-7 = Center ID

24. Are there any regularly scheduled volunteers or other staff
not paid by you working in any of the groups we've just gone
over? (IF "NO" ENTER A "0" BELOW; IF YES ASK:) Could you
estimate the total number of hours worked each week by
volunteers or other unpaid staff in all the groups?

16/17

--	--

Don't know () -2

Refused () -3

CALCULATE TOTAL FULL/PART TIME CLASSROOM
STAFF (NOT INCLUDING VOLUNTEERS)

ALSO ENTER ON PAGE 11

Let's see, your total Full time/part time
staff is (GIVE TOTAL). Are you included
in that total?

22/23

--	--

The next set of questions continues to talk about staff for your 3 and 4 year old groups only.

25. How many hours each week on the average does a paid full-time classroom staff member work?

24/25

--	--

hours

Don't know () -2

Refused () -3

IF THERE ARE NO PART-TIME STAFF MENTIONED IN Q. 23, SKIP TO Q.27

26. And how many hours each week on the average does a paid part-time classroom staff member work?

26/27

--	--

hours

Don't know () -2

Refused () -3

Skipped () -1

27. (DELETED)

28. How many of your paid full-time (PART-TIME IF NO FULL-TIME) classroom staff for your 3 and 4 year olds have had less than one year experience in child care? (IF PART-TIME, SKIP TO Q. 30.)

30/31

--	--

staff

Don't know () -2

Refused () -3

IF NO PART TIME STAFF, SKIP TO Q.30.

(IF THERE ARE ANY PART-TIME STAFF MENTIONED IN Q.23, ASK)

29. How many of your paid part-time classroom staff have had less than one year experience in child care?

32/33

 # staff

Don't know () -2
 Refused () 03

ENTER TOTAL CLASSROOM STAFF FOR 3 AND 4 YEAR
 OLDS FROM PAGE 9 HERE:

staff

30. Of your total 3 and 4 year old classroom staff, which we said was (READ TOTAL NUMBER), how many have: (READ LIST ONE AT A TIME)

staff

34/35

Bachelor's (4 year) degree

Associate (2 year) degree

36/37

Some college

38/39

High School

40/41

Some high school

42/43

Total

44/45

NOT READ

Don't Know

-2

Refused

-3

31. How much time each week would you say your 3 and 4 year old classroom staff spend planning activities for their children?

46/47

Less than an hour () 01

One to five hours () 02

More than five hours () 03

DO NOT READ

Don't know () -2

Refused () -3

32. Are your families predominantly white, black, or some other ethnic group? (CHECK ONLY ONE RESPONSE)

48 49

White	()	01
Mostly White	()	02
50/50 White/Black	()	03
Mostly Black	()	04
Black	()	05
Other (SPECIFY)	()	06

DO NOT READ

Don't know	()	-2
Refused	()	-3

33. Do you have any non-English speaking or bilingual children at your center?

50 51

Yes	()	01	} → SKIP TO Q.35
No	()	02	
Don't know	()	-2	
Refused	()	-3	

34. How many?

52/53/54

--	--	--

children

Don't know	()	-02
Refused	()	-03

35. Do any of your children have any physical handicaps or medically diagnosed special needs?

55 56

Yes	()	01
No	()	02
Don't know	()	-2
Refused	()	-3

SKIP TO Q. 37

How many?

--	--	--

children

Don't know

Refused

37. What percent of the families at your center would you say are:
(READ ENTIRE LIST)

On welfare	60/61 <input type="text"/> <input type="text"/>	Don't know	<input type="text"/> -2
Working with low incomes	62/63 <input type="text"/> <input type="text"/>	Refused	<input type="text"/> -3
Working with middle incomes	64/65 <input type="text"/> <input type="text"/>		
Working with high incomes	66/67 <input type="text"/> <input type="text"/>		

38. Are most of your families from the center's immediate neighborhood?

	68	69
Yes	()	01
No	()	02
Don't know	()	-2
Refused	()	-3

70 - 77 = 0

78 - 80 = 103

CARD 4

1 - 7 = center ID

PART III: DIRECTOR AND STAFF

Now I would like to ask you some questions about you and your staff.

39. Mr./Ms. _____, how many years have you been the director of your center?

	8/9 <input type="text"/> <input type="text"/>
Refused	() -3

Started center () SKIP TO Q.42

40. Were you on the staff of your center before you became the director?

	10	11
Yes	()	01
No	()	02
Refused	()	-3

42. Have you ever worked in another day care center?

14 15

Yes () 01
No () 02
Refused () -3

43. (DELETED)

44. What is your educational background? (PROBE FOR HIGHEST COMPLETED NUMBER OF YEARS OF SCHOOL. CHECK ONLY ONE RESPONSE.)

18 19

High School	College	Graduate Work
8 () 01	1 () 06	1 () 12
9 () 02	2 () 07	2 () 13
10 () 03	AA () 08	3 () 14
11 () 04	3 () 09	MA () 15
12 () 05	4 () 10	MA+ () 16
	BA () 11	other () 17
Refused	() -3	

45. (DELETED)

46. Have you ever taken courses in (READ LIST)

Day Care Administration	() 1	() 2	27
Early Childhood Development	() 1	() 2	28
Early Childhood Curriculum	() 1	() 2	29
Day Care Funding & Resources	() 1	() 2	30
Other (SPECIFY) _____	() 1	() 2	31

NOT READ

Refused (-3) 32 33

275

O.K. Now I'd like to know more about your total staff. PROBE: This means everyone in the center including yourself.

47. How many full-time paid staff do you have?

34/35
 # Staff

Don't know () -2

Refused () -3

48. How many of your paid full-time staff work in the classroom?

36/37
 # Staff

Don't know () -2

Refused () -3

49. How many hours, on the average, does a paid full-time classroom staff spend working with children each week?

38/39
 # hours

Don't know () -2

Refused () -3

50. How many paid part-time staff do you have?

40/41
 # Staff

None () 00

Don't know () -2

Refused () -3

51. How many of your paid part-time staff work in the classroom?

42/43
 # Staff

Don't know () -2

Refused () -3

52. During the last two years, have any of your staff taken special courses in . . . (READ LIST)

	Yes	No	Don't Know	Refused	
Early Childhood Development	() 01	() 02	() -2	() -3	44 45
Early Childhood Curriculum	() 01	() 02	() -2	() -3	46 47
Other early childhood or day care (SPECIFY) _____	() 01	() 02	() -2	() -3	48 49

53. IF ANY YES TO Q. 52 ASK: How many?

50/51	
<input type="text"/> <input type="text"/>	# classroom staff
Don't know	() -2
Refused	() -3
Skipped	() -1

54. In addition to your classroom staff, do you have any full or part-time special service staff on a regular basis--like a social worker or a curriculum specialist?

	52 53	
Yes	() 01	
No	() 02	
Don't know	() -2	SKIP TO Q.58
Refused	() -3	

55. What special service staff do you have?

(DO NOT READ LIST)

	54 55	Checked	Not Checked
Don't know	() -2		
Refused	() -3		
Skipped	() -1		
Social Worker	() 56	() 1	() 2
Nurse	() 57	() 1	() 2
Parent Coordinator	() 58	() 1	() 2
Nutritionist	() 59	() 1	() 2
Curriculum Development Specialist	() 60	() 1	() 2
Child Development Specialist	() 61	() 1	() 2
Other Special Service Staff (SPECIFY) _____	() 62	() 1	() 2

77 = 0
78 - 80 = 104

56 & 57. (DELETED)

1 - 7

= center ID

58. Have you hired any classroom staff since last January?

22 23

Yes () 01

No () 02

Don't Know () -2

Refused () -3

SKIP TO Q. 61

59. How many have you hired?

24/25

 # hired

Don't know () -2

Refused () -3

Skipped () -1

60. How many of these were hired to replace staff who left?

26/27

 # replaced

Don't know () -2

Refused () -3

Skipped () -1

61. How much do you pay your highest paid full-time classroom staff member?

28/29/30/31/32

33/34

\$.

Don't know () -000200

Refused () -000300

Missing () -000100

62. IF MENTIONED, CHECK ONE RESPONSE. IF NOT MENTIONED IN ANSWERING Q.59

ASK: Is that by the hour, day, week, month, or year?

35 36

Hour () 01

Day () 02

Week () 03

Month () 04

Year () 05

63. How much do you pay your lowest paid full-time classroom staff member?

37/38/39/40/41 42/43
\$.

Don't know () -000200
Refused () -000300
Missing () -000100

64. IF MENTIONED, CHECK APPROPRIATE RESPONSE. IF NOT MENTIONED IN ANSWERING Q.61, ASK: Is that by the hour, week, month, year, or what?

44/45

Hour () 01
Day () 02
Week () 03
Month () 04
Year () 05

65. How many of your paid staff are (READ LIST)

46/47
Black # black

48/49
White # white

50/51
Other # other

Don't know () -2
Refused () -3

66. Are any of your classroom staff men?

52/53

Yes () 01
No () 02
Don't know () -2
Refused () -3

} --> SKIP TO PART IV BELOW

67. How many?

54/55
 # men

Don't Know () -2
Refused () -3
Skipped () -1

PART IV: BUDGET

Well, Mrs./Ms./ _____, the last set of questions is about your budget.

. Do you have a yearly budget for your center?

56 57

Yes () 01

No () 02

Don't know () -2

Refused () -3

} SKIP TO Q. 70

69. Who is primarily responsible for preparing your budget? (DO NOT READ LIST. CHECK ONLY ONE RESPONSE.)

53 59

Center Director () 01

Center Secretary () 02

Agency Supervisor () 03

Agency Accountant () 04

Outside Accountant () 05

Other (SPECIFY) () 06

Don't know () -2

Refused () -3

70. Approximately what is your total yearly cash budget? PROBE: How much does it cost you to run your center each year?

\$

60/61/62/63/64/65					
-------------------	--	--	--	--	--

Don't know () -00002

Refused () -00003

Missing () -00001

71. What is your principal funding source? (PROBE)

Where does the largest part of your money come from? (WAIT FOR RESPONSE THEN ASK) What percent of your total budget would you say that is? (DO NOT READ LIST. CHECK ONLY ONE RESPONSE.)

Primary Estimated
Source %

66 67
68/69/70

Parent Fee () 01 → ASK A

Federal Government () 02 → ASK B

State/Local Government () 03 → ASK C

Community Fund () 04

Welfare () 05 → ASK D

Other (SPECIFY) () 06

Don't know () -2 - 0 2

Refused () -3 - 0 3

75 - 77 = 0

78 - 80 = 105

72. What is your next most important funding source?

(WAIT FOR RESPONSE THEN ASK) What percent of your budget would you say that is? (DO NOT READ LIST. CHECK ONLY ONE RESPONSE.)

Secondary Estimated
Source %

71 72
73/74

() 01 → ASK A

() 02 → ASK B

() 03 → ASK C

() 04

() 05 → ASK D

() 06

() -2 - 2

() -3 - 3

None () 07 0 0

IF PARENT FEE MENTIONED IN Q. 71 OR Q. 72, ASK A:

A. What is the maximum weekly fee per child any parent pays?

8/ 9/10
\$. per week

Don't know () -02
Refused () -03
Skipped () -01

IF FEDERAL GOVERNMENT MENTIONED IN Q.71 OR Q.72, ASK B:

B. Which agency of the federal government funds you?

_____ 01
Don't know () -2
Refused () -3
Skipped () -1

IF STATE/LOCAL MENTIONED IN Q.71 OR Q.72, ASK C:

C. Which agency funds you?

_____ 01
Don't know () -2
Refused () -3
Skipped () -1

IF WELFARE MENTIONED IN Q.71 OR Q.72, ASK D:

D. Do you have a purchase of service contract:

Yes () 01
No () 02
Don't know () -2
Refused () -3
Skipped () -1

1. How many children is welfare paying for?

17/18
 # children

Don't know () -2
Refused () -3
Skipped () -1

2. How much do they pay?

19/20/21/22

--	--	--	--

Don't know	()	-002
Refused	()	-003
Skipped	()	-001

IF NOT MENTIONED IN ANSWERING (2) ASK:

3. Is that per week, per month, per year, or what?

23 24

Week	()	01
Month	()	02
Year	()	03
Other (SPECIFY)	()	04

Don't know	()	-2
Refused	()	-3

73. Do you have to pay for your space?

25 26

Yes	()	01	} → SKIP TO Q. 75
No	()	02	
Don't know	()	-2	
Refused	()	-3	

74. How much is your rent or mortgage per month?

27/28/29

\$

--	--	--

 . per month

Don't know	()	-2
Refused	()	

75. (DELETED)

76. (DELETED)

CLOSE OUT

Well, Ms./Mr. _____, we have talked to many day care center directors throughout the country and have learned quite a bit about what is happening in the day care world. One issue that is of concern to most centers has been inflation . . .

77. How has inflation affected your center? (PROBE. DO NOT READ LIST. CODE ALL THAT APPLY.)

	No		No
Parents have been slow to pay.	34 <input type="checkbox"/> 1 2	Food cost	42 <input type="checkbox"/> 1 2
Decrease in waiting list	35 <input type="checkbox"/> 1 2	More children per staff	43 <input type="checkbox"/> 1 2
Increase in waiting list	36 <input type="checkbox"/> 1 2	Less children per staff	44 <input type="checkbox"/> 1 2
Harder to raise money	37 <input type="checkbox"/> 1 2	utilities	45 <input type="checkbox"/> 1 2
Cost of supplies	38 <input type="checkbox"/> 1 2	Rent	46 <input type="checkbox"/> 1 2
Staff turnover	39 <input type="checkbox"/> 1 2	Other (SPECIFY)	47 <input type="checkbox"/> 1 2
Decrease staff	40 <input type="checkbox"/> 1 2		
Discontinue transportation	41 <input type="checkbox"/> 1 2	Don't know	() -2 48 49
		Refused	() -3

78. What would happen to your center if inflation were to continue for some time? (PROBE. DO NOT READ LIST. CODE ALL THAT APPLY)

	No	
Close down	() 2	50
Decrease enrollment	() 1 2	51
Reduce fees	() 1 2	52
Raise fees	() 1 2	53
Nothing	() 1 2	54
Other (SPECIFY)	() 1 2	55

Don't	()	-2	56 57
Refused	()	-3	

79. Do you know of any major studies of day care centers currently going on in your area?

		<div style="border: 1px solid black; padding: 2px;">58 59</div>	
Yes	()	01	
No	()	02	
Don't know	()	-2	} → SKIP TO Q. 81
Refused	()	-3	

80. Who is doing the studies?

_____		<div style="border: 1px solid black; padding: 2px;">60 61</div>

_____		01
Don't know	()	-2
Refused	()	-3

81. If your city is chosen for our study can we contact you for more information?

		<div style="border: 1px solid black; padding: 2px;">62 63</div>
Yes	()	01
No	()	02
Don't know	()	-2

This is the end of the interview and I appreciate your help very much.

Time ended _____

64 - 77

 = 0

78 - 80

 = 106

3.2 Spring Baseline Instruments

After the three National Day Care Study Sites -- Atlanta, Detroit and Seattle -- had been selected, Cambridge study staff visited 96 potential study day care centers within the three sites and administered the Spring Baseline Instruments. The instrument consisted of five sections:

- Telephone Survey Verification
- Director Interview
- Lead Teacher: Classroom Staffing
- Lead Teacher: Child Attendance
- Staff Background

Data obtained during visits were used by the staff primarily to screen centers for contracting. To ensure that the selected centers met basic study requirements, screening questions posed in the telephone survey were readministered as the first gating mechanism. Additional detailed data on enrollment, staff schedules and staff background were also collected to gain more precision on the two key policy variables: staff/child ratio and professionalism. These data were analyzed to ensure that centers met the study design requirements and fell within established variable ranges. Results are described in the three center selection reports.

SPRING BASELINE INSTRUMENTS TABLE OF CONTENTS

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Lead Teacher: Classroom Staffing	312
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NATIONAL DAY CARE STUDY: ON-SITE BASELINE DATA

DIRECTOR INTERVIEW

APRIL/MAY 1975 OMB# 85S75011 EXPIRES JUNE 1975

FILLED OUT BY: _____

DATE: _____

Reviewed and verified accurate
by person completing interview: _____

(Signature)

(Date)

ON-SITE VERIFICATION AND ADDITIONAL DATA COLLECTION

- I. Verification of the Telephone Survey. Part I. Initial Screening (19 questions) will be verified through interview with the Center Director.
- II. Additional Baseline Data. This segment of the instrument is to be administered through interview with the Center Director. Five data areas are included:
 - A. General Enrollment by age and by group
 - B. Total Staff Data
 - C. Activities and Services
 - D. Fiscal Information
 - E. Willingness to Participate
- III. Classroom Interview (Lead Teacher). The lead teacher will be viewed as a resource person regarding activities and schedules specific to her classroom. The interview includes: data on daily class schedule, volunteers serving in the classroom and review of child enrollment.
- IV. Classroom Roster: Staff Scheduling. Each lead teacher working with three, four or five year olds will provide daily work schedules for all caregivers in the classroom. Staffing rosters will then be constructed for each target classroom.
- V. Staff Background Questionnaire. Questions pertaining to education and experience will be administered through interviews to the Center Director and to each caregiver who works with three, four and five year olds.

ON SITE VERIFICATION AND ADDITIONAL DATA COLLECTION

INTRODUCTION

Hello, Mr./Ms. _____. My name is _____
_____ and this is my colleague _____.

We are both with Abt Associates. As you know, we are conducting a three-year National Day Care Study for the Office of Child Development. The study is being carried out in Atlanta, Detroit and Seattle. We will be working with 16/32 centers here.

We have already conducted a telephone survey with you and other Center Directors in 17 cities. From the survey we learned a great deal about the day care center world. From the study, we were also able to select the three major cities for our study and to identify potential study centers such as yours.

The purpose of our visit today is to review the information you have already given us and to find out more about your center program and activities, the schedules for children and teachers in your groups, and your staff's experience and educational background. This information will help us to make final selection of centers that meet the study requirements, such as a broad range of staff/child ratios, different levels of professionalism, varying group sizes and diversity in other program characteristics.

Whether your center is selected or not, or whether you choose to participate, the findings of our visits will provide important new information for our study, for policy makers and for day care directors like yourself.

Abt Associates is concerned, as we know you are, about the confidentiality of any information you may give us. Before we begin this interview, we are required by the Department of Health, Education and Welfare to review this statement with you.

(HAND OUT CARD WITH THE FOLLOWING STATEMENT):

STATEMENT OF CONFIDENTIALITY

The purpose of a visit to your center at this time is to collect information essential to the final selection of centers for participation in the study.

The participation of you and your center staff in providing information during the visit by members of the study staff is voluntary and your refusal to participate or how you answer any of the questions, should you decide to participate, will not affect your eligibility for present or future federal programs or benefits.

Those centers that are selected and who agree to enter into a longterm involvement in the study will be specifically disclosed and recommended by name to the Office of Child Development. All critical center level data will be reported at the time of recommendation. In subsequent reports, however, centers will be identified by codes only.

Only center level data will be disclosed as described above. Under no circumstances will data on any individual be reported by name either at this time or during the study.

Abt Associates will maintain all center-identifying data collected by on-site visits, including the individual data collection instruments, until the entire National Day Care Study is completed (a maximum of 3 1/2 years). Once the study is completed, Abt Associates will deliver information within its possession pertaining to this visit to the Department of Health, Education and Welfare.

Are you willing to respond to our questions?

Yes ☐

No ☐

TELEPHONE VERIFICATION SURVEY

I. TELEPHONE SURVEY VERIFICATION

The initial part of the site visit will consist of verification of Part I: Initial Screening of the telephone survey. The initial 19 screening questions will be reasked. The purpose is to ensure that the center in fact meets the crucial study criteria. Should a center fail to "pass", screening question verification, the site visit will be terminated and a replacement will be identified.

Xeroxed copies of the telephone screening questions will be used for verification purposes.

Date _____

1. First, I want to make sure we have the correct spelling of your name, your correct center mailing address, and zip code.

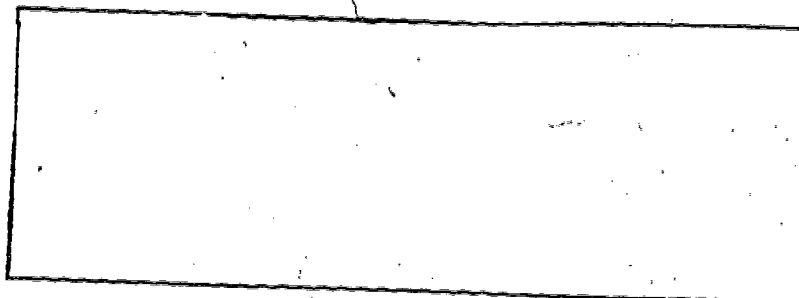
Let me read you that information:

Mrs.. ()

Miss ()

Ms. ()

Mr. ()



(ATTACH LABEL)

Is that correct? (CHECK APPROPRIATE RESPONSES)

☒ 1

Above computer address label was correct

() 1

Correction was made manually and needs to be made on computer

() 2

2. How is your center legally organized? PROBE: How is your center set up -- as a corporation, community agency, or what? (DO NOT READ LIST. CHECK ONLY ONE RESPONSE.)

14 15

- Independent-Individually owned () 01 → SKIP TO Q.5
- Independent-Corporation - Profit () 02
- Non-Profit () 03
- Voluntary Agency - Church () 04
- Social Service () 05
- Community () 06
- Public Agency - Federal () 07
- State () 08
- Local () 09
- Don't know () -2
- Refused () -3

3. What is the name of your sponsor agency?

16 17

- _____
Name of agency 01
- Does not have a sponsor agency () -02 → SKIP TO Q.6
- Don't know () -2
- Refused () -3
- Skipped () -1

4. What is the name of your contact person at the agency?

18 19

Mr./Ms. _____ 01

First Last

- 4a. Contact Person Telephone: Don't know () -2
- Refused () -3
- Skipped () -1

5. (DELETED)

6. How many years has your center been operating?

22/23

→ IF MORE THAN TWO YEARS, SKIP TO Q.8
 IF LESS THAN TWO YEARS ENTER ON FRONT PAGE

7. In what month and year did your center begin operation?

24/25

 Month

26/27
 19
 Year

8. Is your center licensed to serve more than 24 children?

29 29

Yes () 01

No () 02

→ () SKIP TO Q.10

9. How many children are you licensed to serve?

30/31/32

 # children

10. Is your center licensed to serve 3 year and 4 year olds?

33 34

Yes () 01

No () 02

→ () SKIP TO Q.12

11. And what other ages are you licensed to serve?

35/36

38

years to

39/40

42

years
 (Youngest age served) (Oldest age served)

12. Are you open 12 months a year?

43 44

Yes () 01

No () 02

→ SKIP TO Q.14

13. Which months are you closed?

Jan. () May () Sept. ()

IF MORE THAN 2
 CHECKED PUT A CHECK

45 46

Feb. () June () Oct. ()

MARK HERE () 02

March () July () Nov. ()

IF ONLY 1 OR 2
 CHECKED PUT A CHECK

April () August () Dec ()

MARK HERE () 01

14. How many days per week are you open?

47 48

Less than 5 02 _____ ()

Mon.-Fri. (5) () 01

More than 5 () 03

15. Is your center open for more than 7 hours each day?

49 50

Yes () 01

No 02 _____ () → SKIP TO Q.17

16. What hours is your center open each day?

51/52/53/54

From

--	--	--	--

() a.m.

() p.m.

to

55/56/57/58

--	--	--	--

() a.m.

() p.m.

17. How many children are currently enrolled?

59/60/61

--	--	--

children

62

If less than 25 2 _____ ()

25 or more () 1

18. How many of your current enrollment are 3 and 4 year olds?

63/64/65

--	--	--

66

If less than 20 2 _____ ()

20 or more () 1

19. How many of those (READ NUMBER OF CHILDREN MENTIONED IN Q.18) children attend for at least 8 hours per day, 5 days a week?

67/68/69

--	--	--

70

If less than 20 2 _____ ()

20 or more () 1

19a. And how many of your current enrollment were 5 years old last fall?

--	--	--

DIRECTOR INTERVIEW

298

278

II: ADDITIONAL BASELINE DATA:

DIRECTOR INTERVIEW

The baseline questionnaire should be administered through interview with the Director. The questionnaire calls for overall enrollment data, total staff data, information on center services and activities, and budget and finance data. After the Director Interview, the Staff Background Questionnaire should be administered to the director.

Individual classroom data and teacher schedules are obtained through interview with the lead teachers in classrooms serving three, four or five year old children. The Staff Background Questionnaire should be administered to all classroom staff. If a classroom staff member is not present during the center visit, please obtain as much background information as possible from the director.

(Note: Boxes to left of questions are to be used to indicate where pertinent comments have been made by the respondent and recorded.)

Code: 1 = highly relevant comments

2 = important comments,

CENTER

ADDITIONAL BASELINE DATA

RD 1 A. First we would like some information on your overall enrollment.

8

A-1 How many classrooms or groupings of children does your center have?

Specify number 9/10/11
INSTRUCTIONS FOR A-2: CENTER/CLASS ROSTER

In order to uniquely identify the classrooms in the center, we need to know the age range of children in each classroom as of last fall and the number of children currently enrolled in that classroom, including both full-time and part-time children. This information should be recorded on the CENTER/CLASS ROSTER which follows. Begin with the youngest group and procede in chronological order until all classrooms have been recorded, including kindergarten and/or extended day care classes. Compute the total number of children enrolled and enter at the bottom of the page. This total must total center enrollment given in Q. 17 of the Telephone Survey Verification. If it doesn't resolve any differences, then identify these classrooms which serve 3,4, and 5 year olds by assigning a classroom ID in the corresponding box, beginning with ID "01" and proceeding in ascending order to ID "09" if necessary. Assign ID's to classrooms serving 3,4, and 5 year olds only. Enter the total number of such classrooms at the bottom of the page. (This will be the number of classroom interviews to be conducted with lead teachers. The ID's assigned here will be used to uniquely identify classroom staff serving 3,4, and 5 year olds on the MASTER CODE SHEET which follows the CENTER/CLASS ROSTER).

MASTER CLASSROOM CODE SHEET: INSTRUCTIONS

The purpose of the master code sheet is to insure confidentiality of all interviews with the director and teachers in classrooms serving 3, 4 and 5 year old children.

The staff code is to be entered on all Classroom and Staff Background sections of the instrument as indicated.

Assign the code during the director interview immediately after completing A-2 as follows:

- 1) Enter the classroom ID # for the first class with 3 year olds on Master Code Sheet
- 2) Ask for the lead teacher's name and enter. Enter job title code. If the person holds two jobs enter primary job code first and then secondary code.
- 3) Ask for each caregiver's name in the classroom and enter appropriate codes
- 4) Go on to next class until all those with 3, 4, and 5 year olds (at least some full time) have been entered.
- 5) Team member conducting classroom staff interviews assemble all codes in right hand column and enter on instrument.
- 6) Verify name spelling, class size and classroom staff for each class with lead teacher
- 7) At the end of interviews place Master Code Sheet in envelope and on return give to Director of IMS for filing in locked security box.

A-2 List of classroom groupings starting with youngest age served. (Record ages as of last fall; record all classrooms)

Ages Served		# of Child.	Class (Assign only ID for classrooms with 3,4, or 5 year olds)
year /months	year/months		
12/13/14/15 <div><div></div><div></div><div></div><div></div></div>	16/17/18/19 <div><div></div><div></div><div></div><div></div></div>	20/21 <div><div></div><div></div></div>	<div><div></div><div></div></div>
22/23/24/25 <div><div></div><div></div><div></div><div></div></div>	26/27/28/29 <div><div></div><div></div><div></div><div></div></div>	30/31 <div><div></div><div></div></div>	<div><div></div><div></div></div>
32/33/34/35 <div><div></div><div></div><div></div><div></div></div>	36/37/38/39 <div><div></div><div></div><div></div><div></div></div>	40/41 <div><div></div><div></div></div>	<div><div></div><div></div></div>
42/43/44/45 <div><div></div><div></div><div></div><div></div></div>	46/47/48/49 <div><div></div><div></div><div></div><div></div></div>	50/51 <div><div></div><div></div></div>	<div><div></div><div></div></div>
52/53/54/55 <div><div></div><div></div><div></div><div></div></div>	56/57/58/59 <div><div></div><div></div><div></div><div></div></div>	60/61 <div><div></div><div></div></div>	<div><div></div><div></div></div>
62/63/64/65 <div><div></div><div></div><div></div><div></div></div>	66/67/68/69 <div><div></div><div></div><div></div><div></div></div>	70/71 <div><div></div><div></div></div>	<div><div></div><div></div></div>
72/73/74/75 <div><div></div><div></div><div></div><div></div></div>	8/ 9/10/11 <div><div></div><div></div><div></div><div></div></div>	12/13 <div><div></div><div></div></div>	<div><div></div><div></div></div>
14/15/16/17 <div><div></div><div></div><div></div><div></div></div>	18/19/20/21 <div><div></div><div></div><div></div><div></div></div>	22/23 <div><div></div><div></div></div>	<div><div></div><div></div></div>
24/25/26/27 <div><div></div><div></div><div></div><div></div></div>	28/29/30/31 <div><div></div><div></div><div></div><div></div></div>	32/33 <div><div></div><div></div></div>	<div><div></div><div></div></div>

CARD 2

TOTAL ENROLLMENT

SHOULD EQUAL TS VERIFICATION Q. 17

TOTAL CLASSROOMS

WITH 3,4 or 5
YEAR OLDS

37/38

NUMBER OF CLASSROOM INTERVIEWS
TO BE CONDUCTED WITH LEAD TEACHERS

Filled Out By _____
Date _____

Center ID# _____

Class ID	Staff Name (First/Last)	Staff ID	Primary Job	Secondary Job	Job Code	Staff Code*
_____	_____	01	_____	_____	____/____	_____
_____	_____	02	_____	_____	____/____	_____
_____	_____	03	_____	_____	____/____	_____
_____	_____	04	_____	_____	____/____	_____
_____	_____	05	_____	_____	____/____	_____
_____	_____	06	_____	_____	____/____	_____
_____	_____	07	_____	_____	____/____	_____
_____	_____	08	_____	_____	____/____	_____
_____	_____	09	_____	_____	____/____	_____
_____	_____	10	_____	_____	____/____	_____
_____	_____	11	_____	_____	____/____	_____
_____	_____	12	_____	_____	____/____	_____
_____	_____	13	_____	_____	____/____	_____
_____	_____	14	_____	_____	____/____	_____
_____	_____	15	_____	_____	____/____	_____
_____	_____	16	_____	_____	____/____	_____
_____	_____	17	_____	_____	____/____	_____
_____	_____	18	_____	_____	____/____	_____
_____	_____	19	_____	_____	____/____	_____
_____	_____	20	_____	_____	____/____	_____

* Enter 8 digit code here and on all Lead Teacher and Staff Background Questionnaires Verify Class Staff name and job with lead teacher.

<u>Administrative (01-10)</u>	<u>Support Staff (11-30)</u>	<u>Classroom Staff (31-40)</u>	<u>Program Staff (41-60)</u>	<u>Volunteers (61-70)</u>
Director	21 Secretary/Clerical	31 Director	41 Social Worker	61 Parent
Assistant Director	22 Janitor/Maintenance	32 Assistant Director	42 Nurse	62 NYC
Administrative Assistant	23 Cook/Dietician	33 Lead (Head Teacher)	43 Education Specialist	63 Student Intern
Bookkeeper/Accountant	24 Cook Aide	34 Assistant Teachers	44 Parent Coordinator	64 Specialist
Other	25 Driver	35 Aides	45 Nutritionist	65 Charitable Organiz.
	26 Driver Aide	36 Other	46 Other	66 Independent
	27 Other			67 Other

When interviews are complete seal in Master Code Sheet Envelope and give to Director of IMS for filing in locked security box.

Filled Out By _____

Date _____

Center ID# _____

Class ID	Staff Name (First/Last)	Staff ID	Primary Job	Secondary Job	Job Code	Staff Code*
_____	_____	21	_____	_____	/	_____
_____	_____	22	_____	_____	/	_____
_____	_____	23	_____	_____	/	_____
_____	_____	24	_____	_____	/	_____
_____	_____	25	_____	_____	/	_____
_____	_____	26	_____	_____	/	_____
_____	_____	27	_____	_____	/	_____
_____	_____	28	_____	_____	/	_____
_____	_____	29	_____	_____	/	_____
_____	_____	30	_____	_____	/	_____
_____	_____	31	_____	_____	/	_____
_____	_____	32	_____	_____	/	_____
_____	_____	33	_____	_____	/	_____
_____	_____	34	_____	_____	/	_____
_____	_____	35	_____	_____	/	_____
_____	_____	36	_____	_____	/	_____
_____	_____	37	_____	_____	/	_____
_____	_____	38	_____	_____	/	_____
_____	_____	39	_____	_____	/	_____
_____	_____	40	_____	_____	/	_____

* Enter 8 digit code here and on all Lead Teacher and Staff Background Questionnaires Verify Class Staff name and job with lead teacher.

Administrative (01-10)

Director

Assistant Director

Administrative Assistant

Bookkeeper/Accountant

Other

Support Staff (11-30)

21 Secretary/Clerical

22 Janitor/Maintenance

23 Cook/Dietician

24 Cook Aide

25 Driver

26 Driver Aide

27 Other

Classroom Staff (31-40)

31 Director

32 Assistant Director

33 Lead (Head Teacher)

34 Assistant Teachers

35 Aides

36 Other

Program Staff (41-60)

41 Social Worker

42 Nurse

43 Education Specialist

44 Parent Coordinator

45 Nutritionist

46 Other

Volunteers (61-70)

61 Parent

62 NYC

63 Student Intern

64 Specialist

65 Charitable Organization

66 Independent

67 Other

When interviews are complete seal in Master Code Sheet Envelope and give to Director of IMS for filing in locked security box.

CENTER

A-3 Of the _____ children enrolled, how many are:
(READ CATEGORIES. SPECIFY NUMBER)

44

☐

Black 45/46/47
☐ ☐ ☐

White 48/49/50
☐ ☐ ☐

Other 51/52/53
☐ ☐ ☐

Total ☐ ☐ ☐ (Must equal total number of children recorded
in Q. A-2)

A-4 Estimate how many children left your center since school
started last September. (PROBE for reasons and record
as comments)

54

☐

Estimate number of terminations 55/56/57
☐ ☐ ☐

Reasons: _____

58

☐

A-5 What do you consider a full time child?

Specify hours/day 59/60
☐ ☐

Specify days/week 61/62
☐ ☐

63

A-6 How many families are enrolled in your program?

64/65/66

Specify number

--	--	--

67

A-7 Of the families enrolled, how many are single parent families? (e.g., how many have only one parent living in the household?)

68/69

Specify number

--	--

70

A-8 How many of the families in your center depend primarily on welfare or other public assistance?

71/72/73

Specify number

--	--	--

CARD 3

A-9 Please estimate the income level of the other (non-welfare) families in your center. How many would you say are: (READ INCOME LEVELS, SPECIFY NUMBER)

8

Less than \$4500

9/10/11

--	--	--

Do not include any families recorded in A-8)

\$4500-\$7499

12/13/14

--	--	--

\$7500-\$11,999

15/16/17

--	--	--

\$12,000-\$17,000

18/19/20

--	--	--

Above \$17,000

21/22/23

--	--	--

Total Number

(NOTE: The number of families recorded in questions A-8 and A-9 must equal the number recorded in question A-6.)

B Center Position Roster Instructions

B. Next we would like to ask some questions about your total staff:

B-1. Go to Center Position Roster and ask:

- 1) How many paid full (30 or more hours/week) and part-time (less than 30 hours/week) staff do you have at your center?
ENTER TOTAL IN (1) AT BOTTOM OF SECOND SHEET.
- 2) Are there any full or part-time staff who work regularly during the year but are not paid for from the center budget? Probe for volunteers, people who are working for "in-kind" care of their own children, or paid by a third party.
ENTER TOTAL IN (2) AT BOTTOM OF SECOND SHEET.
- 3) Do you work in the classroom? (If yes) How many hours/week? ENTER APPROPRIATE FRACTION IN CLASSROOM-DIRECTOR. (If no) You're a paid full-time employee? ENTER ONE IN ADMINISTRATIVE-DIRECTOR. (If more than five hours for any employee follow note below
- 4) What other paid full time, over 30 hours/week Administrative and Support Staff do you have? ENTER IN WEEKLY STAFF COLUMN ON FIRST SHEET. How about paid part-time, less than 30 hours/week? ENTER. Repeat for volunteer/3rd party regular staff if appropriate. ENTER.
- 5) Repeat for Program then Classroom Staff, ENTER IN WEEKLY STAFF COLUMN ON FIRST SHEET.
- 6) Ask and ENTER classroom staff by male, female, and highest and lowest salary.
- 7) Ask and ENTER racial distribution of entire weekly full and part-time staff.
- 8) Finally ask if there are any other administrative, support or program staff who come regularly or occasionally for short periods of time (e.g. one day/month or several hours/week) who are volunteers or are paid by a third party. ENTER IN NON-WEEKLY STAFF COLUMN ON FIRST SHEET.

Note: For staff working in two or more positions simultaneously, record in the appropriate boxes as follows:

- for 2 positions put $1/2$ in each box;
- for 3 positions put $1/3$ in each box, etc.

Make sure that the entries for each person add up to one. For classroom staff count any fractions as one when computing "total classroom staff" and "women/men" distribution.

Job ID No.	Job Classification	Center Job Title (If Different)	✓ If Not Same Title	Weekly Staff				Non-Weekly Staff		
				Full Time		Part Time		Pd. By Center	Vol. or 3rd Party	Est. Hrs/ Mo.
				Paid	Vol. or 3rd Party	Paid	Vol. or 3rd Party			

Administrative

0	1	Director								
0	2	Assistant Director								24-48
0	3	Admin. Asst.								49-73
0	4	Bookkeeper/Acct.								8-32
0	5	Other								33-57
		SUB-TOTAL								58-75, 8-13 Card 4

Support

2	1	Secretary/Clerical								14-38
2	2	Janitor/Maintenance								39-63
2	3	Cook/Dietician								64-75, 8-20 Card 5
2	4	Cook Aide								21-45
2	5	Driver								46-70
2	6	Driver Aide								71-74, 8-28 Card 6
2	7	Other								29-53
		SUB-TOTAL								

Program

4	1	Social Worker								54-75, 8-10 Card 7
4	2	Nurse								11-35
4	3	Ed. Specialist								36-60
4	4	Parent Coord.								61-76, 8-16 Card 8
4	5	Nutritionist								17-41
4	6	Other								42-66
		SUB-TOTAL								

Job ID No	Job Classification	Center Job Title (if Different)	If Not Same Title	Weekly Staff			
				Full Time		Part Time	
				Paid	Vol. or 3rd Party	Paid	Vol. or 3rd Party

Classroom

3	1	Director					
4	2	Asst. Director					
5	3	Lead (Head) TCHR					
6	4	A-1 Teacher					
7	5	Ade					
8	6	Other					
		SUB-TOTAL					
TOTAL							

67-74, 8-15 Card 9

16-31

32-47

48-63

64-75, 8-11 Card 10

12-27

28-29

→ Total Weekly Classroom staff

--	--

Distribution All Full and Part Time Weekly Classroom Staff (Paid & Unpaid)

Women 36/37 Highest TCHR Pay
38/39
Men 40/41 Lowest TCHR Pay
42/43
44/45
46/47
48/49
50/51
52/53

01 — Th

02 — Day

03 — Week

04 — Month

05 — Year

Distribution All Full and Part Time Staff (Paid & Unpaid)

Black 56/57 62 Comments:
White 58/59
Other 60/61

1 Total Weekly Staff Paid by Center (col. 1 + col. 3)

2 Total Weekly Staff Not Paid by Center (col. 2 + col. 4)

Total Weekly Staff (1 + 2)

30/31

32

33-35

36-37

B-2 Does your center hold meetings including all staff (except support staff)?

64/65

No () 02 → SKIP to Question B-3.

Yes () 01 → If yes a) How often?

66/67

Regularly once per week () 01

Regularly once per month () 02

Occasionally as needed () 03

Other: Specify () 04

Do you have a regular agenda?

68/69

No () 02.

Yes () 01 ✓ If yes

b. What subjects are discussed most frequently in staff meetings: (PROBE. DO NOT READ LISTS)

Most Frequently:
(CHECK ONLY ONE)

Next Most Frequently
(CHECK ONLY ONE)

70/71

72/73

General Center Policy () 01

General Center Policy () 01

Fund Raising () 02

Fund Raising () 02

Administration () 03

Administration () 03

Staff Scheduling () 04

Staff Scheduling () 04

Classroom Activities () 05

Class Activities () 05

Curriculum/materials () 06

Curriculum/materials () 06

Health/Nutrition () 07

Health/Nutrition () 07

Individual Children () 08

Individual Children () 08

Parent and Family () 09

Parent and Family () 09

Parent Participation () 10

Parent Participation () 10

Other: Specify () 11

Other: Specify () 11

B-4. Do you have your own staff training activities?

14

15/16

No () 02 SKIP TO QUESTION C-1.

Yes () 01 If Yes:

a. How often do you have training?
(CHECK ALL THAT APPLY)

For which staff?
(CHECK ALL THAT APPLY)

Provided by Whom?
(CHECK ALL THAT APPLY)

Regularly at least 1 per week () 17

All staff () 18
Teachers () 19
Aides () 20
Others () 21

Center () 22
Colleges () 23
Community () 24
Agency
Other () 25
Specify:

Regularly at least 1 per month () 26

All staff () 27
Teachers () 28
Aides () 29
Others () 30

Center () 31
Colleges () 32
Community () 33
Agency
Other () 34
Specify:

Regularly at least twice per year () 35

All staff () 36
Teachers () 37
Aides () 38
Others () 39

Center () 40
Colleges () 41
Community () 42
Agency
Other () 43
Specify:

Occasionally as needed () 44

All staff () 45
Teachers () 46
Aides () 47
Others () 48

Center () 49
Colleges () 50
Community () 51
Agency
Other () 52
Specify:

b. What subjects have been presented most frequently in this year's (since September) training activities: (PROBE. - DO NOT READ LIST)

Most Frequently
(CHECK ONLY ONE)

53/54

Administration () 01
Child Development () 02
Curriculum/Development () 03
Use of Materials and Equipment () 04
Health and Nutrition () 05
Creative Arts () 06
Community Resources () 07
Other: Specify () 08
() 09

Next Most Frequently
(CHECK ONLY ONE)

55/56

Administration () 01
Child Development () 02
Curriculum/Development () 03
Use of Materials and Equipment () 04
Health and Nutrition () 05
Creative Arts () 06
Community Resources () 07
Other: Specify () 08
() 09

74

☐

B-3. Does your center hold small staff group meetings?

75/76

No () 02 → SKIP to Question B-4.

Yes () 01 If yes, what is the composition of the groups?
(CHECK ALL THAT APPLY)

SPECIFY HOW OFTEN

CARD 11By classroom teams () ☐ 8By head teacher () ☐ 9By teacher () ☐ 10By aides () ☐ 11By special task groups () ☐ 12Other: Specify () ☐ 13

CENTER

23

- C-3 Please indicate which of the following services are currently offered to children. Specify whether the service is provided directly by the center or arranged by the center through another agency (third party). Then estimate the number of children who have received the service since September.

	Provided by Center		Estimated Number Served (Check one)		
	Directly (Code 1)	Indirectly (Code 2)	All (Code 01)	Some (Code 02)	Few (Code 03)
Transportation to/ from Center on Reg- ular Basis	() 24	()	()	()	() 25 26
Required Medical Check-ups	() 27	()	()	()	() 28 29
Emergency Medical Care	() 30	()	()	()	() 31 32
Medical Follow up Care	() 33	()	()	()	() 34 35
Dental Check-ups	() 36	()	()	()	() 37 38
Dental Follow up Care	() 39	()	()	()	() 40 41
Innoculations	() 42	()	()	()	() 43 44
Psychological Testing	() 45	()	()	()	() 46 47
Speech, Vision, Hearing Testing	() 48	()	()	()	() 49 50
Other Special Testing	() 51	()	()	()	() 52 53

CENTER

C. Next we would like some information about activities and services regularly provided by your center.

C-1. Please indicate which of the following are currently offered to children in your center. (CHECK ALL THAT APPLY) (R = regularly; O - occasionally)

	R	O		R	O
	(Code 1)	(Code 2)		Code 1	Code 2
Breakfast (Hot)	() 58	() —→	Afternoon Snack	() 64	()
Breakfast (Cold)	() 59	() —→	Morning Snack	() 65	()
Lunch (Hot)	() 60	() —→	Home Visit	() 66	()
Lunch (Cold)	() 61	() —→	Other		
Dinner (Hot)	() 62	() —→	_____	() 67	()
Dinner (Cold)	() 63	() —→			

C-2. Please check all the items below which you have in your center. (CHECK ALL THAT APPLY)

Outdoor Play Area () 69

Outdoor Play Equipment () 70

Kitchen/Cooking Activities () 71

Place for Sick Children () 72

Place to Nap () 73

Books	() 74	Dramatic Play, Dress Up, Dolls	() 13
Puzzles	() 75	Educational Materials	
Board Games	() 76	(cuisenaire rods, etc.)	() 14
Clay/Similar Materials	() 77	T.V.	() 15
Painting	() 8	Radio	() 16
Sand Play	() 9	Phonograph	() 17
Water Play	() 10	Movie	() 18
Blocks	() 11	Slide Projector	() 19
Climbing Apparatus	() 12	Tape Recorder	() 20
(indoor)		Other (specify):	
		_____	() 21
		_____	() 22

CENTER

C-4 Please indicate which of the following family services are currently provided. Specify whether the service is provided directly by the center or arranged by the center through another agency (third party). Then estimate the number of families who have received the service since September.

54

	Provided by Center		All (Code 01)	Estimated Number Served (check one)		
	Directly (Code 1)	Indirectly (Code 2)		Some (Code 02)	Few (Code 03)	
Counseling	()	55	()	()	()	56 57
Legal Services	()	58	()	()	()	59 60
Welfare Services (e.g., Food Stamps)	()	61	()	()	()	62 63
Housing Services	()	64	()	()	()	65 66
Economic Services	()	67	()	()	()	68 69
Health Services	()	70	()	()	()	71 72
Referral Services	()	73	()	()	()	74 75
Babysitting Services	()	8	()	()	()	9 10
Homemaker Services	()	11	()	()	()	12 13
Other (specify):						
_____	()	14	()	()	()	15 16
_____	()	17	()	()	()	18 19

20

C-5 Please indicate which parent education/training services are offered to your parents. Specify whether the service is provided directly by the center or arranged by the center through another agency (third party). Then estimate the number of families who have received the service since September.

	Provided by Center		Estimated Number Served (Check one)		
	Directly (Code 1)	Indirectly (Code 2)	All (Code 01)	Some (Code 02)	Few (Code 03)
Consumer Education	()	<input type="checkbox"/> 21	()	()	() <input type="checkbox"/> 22 <input type="checkbox"/> 23
Health Education	()	<input type="checkbox"/> 24	()	()	() <input type="checkbox"/> 25 <input type="checkbox"/> 26
Family Planning	()	<input type="checkbox"/> 27	()	()	() <input type="checkbox"/> 28 <input type="checkbox"/> 29
Child Development	()	<input type="checkbox"/> 30	()	()	() <input type="checkbox"/> 31 <input type="checkbox"/> 32
GED Program	()	<input type="checkbox"/> 33	()	()	() <input type="checkbox"/> 34 <input type="checkbox"/> 35
Job Training	()	<input type="checkbox"/> 36	()	()	() <input type="checkbox"/> 37 <input type="checkbox"/> 38
Home Economics (Food/Nutrition)	()	<input type="checkbox"/> 39	()	()	() <input type="checkbox"/> 40 <input type="checkbox"/> 41
Other (specify): _____	()	<input type="checkbox"/> 42	()	()	() <input type="checkbox"/> 43 <input type="checkbox"/> 44

45

C-6 Are there other special services which we should know about?
If so, please use the space below to describe them.
(NOTE: reclassify under "other" in Q. C-3, C-4, or C-5 if possible.)

46

C-7 Do Parents Participate in any of the following activities
(CHECK ALL THAT APPLY)

- (01) Group Social Activity () ☒ 47
- (02) Advisory Group or Council () ☒ 48
- (03) Parent Board (Decision-Making) () ☒ 49
- (04) Parent Meetings () ☒ 50
- (05) Fund Raising () ☒ 51
- (06) Helping in the Classroom () ☒ 52
- (07) Classroom Visits/Observations () ☒ 53
- (08) Other: Specify () ☒ 54

55

C-8 Of all the parent activities just mentioned, in which one are
parents involved the most?

Activity (From Q. C-7) 56/57 (If don't know, enter -1 and SKIP
to Question C-10)

58

C-9 How often do parents participate in _____?
(activity named above). (CHECK ONLY ONE)

- ☒ 60/ ☒ 61
- Regularly: at least once per month () 01
 - Regularly: at least every two months () 02
 - Regularly: at least twice per month () 03
 - Occasionally as needed () 04
 - Occasionally upon request () 05
 - Other (specify): _____ () 06

CENTER

C-10 Does your center schedule time to talk individually with parents or families of the children?

62

63/64

No () 02 SKIP to Question C-13.

Yes () 01 If yes, how often? (PROBE. DO NOT READ LIST. CHECK ONLY ONE.)

65/66

Regularly: at least once per month () 01

Regularly: at least twice per year () 02

Occasionally as needed () 03

Only upon request () 04

Other (specify): _____ () 05

During individual conferences or meetings with parents, what subject is discussed? (PROBE. DO NOT READ LIST.)

Most Frequently
(CHECK ONLY ONE)

Next Most Frequently
(CHECK ONLY ONE)

67/68

Individual Child Problems () 01

Child Development/Activities () 02

Absenteeism () 03

Family Needs () 04

Parent Participation () 05

General Progress Report () 06

Other (Specify) () 07

69/70

Individual Child Problems () 01

Child Development/Activities () 02

Absenteeism () 03

Family Needs () 04

Parent Participation () 05

General Progress Report () 06

Other (Specify) () 07

CENTER

71

☐

C-11 How do most children get to the center? (CHECK ONLY ONE)

72/73

Walk

() 01

Come in private or public
transportation

() 02

Come in center-provided
transportation

() 03

74

☐C-12 What is the next most frequently used form of transportation?
(CHECK ONLY ONE)

75/76

Walk

() 01

Come in private or public
transportation

() 02

Come in center-provided
transportation

() 03

CARD 14

C-13 How many children spend more than 15 minutes walking or
riding to the center? (CHECK ONLY ONE)

9/10

None () 01

Few () 02

Some () 03

Most () 04

All () 05

D. Next, we would like some information about your financial status and your fiscal recordkeeping procedures.

11 ☐ D-1. Is any of the space you are currently using donated?

☒ 12/13
No () 02 → SKIP to question D-2.

Yes () 01 If yes, please estimate percentage:

Percentage 14/15/16

17 ☐ D-2. Do you receive space at a reduced rent (below market value)?

☒ 18/19
No () 02

Yes () 01

20 ☐ D-3. How much rent do you pay each month? (If building is owned by center, record mortgage payment.)

Specify rent \$ 21/22/23/24/25

26 ☐ D-4. Please estimate the value of all donated goods (excluding space) such as surplus food, clothing, equipment, and/or educational supplies you have received since last September.

(CHECK ONLY ONE)

☒ 27/28
None () 01

Less than \$1,000 () 02

\$1,000 - \$4,999 () 03

\$5,000 - \$10,000 () 04

Over \$10,000 () 05

Don't know () -1

(NOTE: Ask if the Director has financial information available. Probe for estimates. If no response from Director, identify the person to call for budget figures.)

D-5. Do you budget on a yearly basis?

29

☐

Yes () 01

30/31

If yes, what is your budget year?

Year begins 32/33 34/35

--	--	--	--

Month Year

No () 02

If no, on what basis do you budget?
(CHECK ONLY ONE)

36/37

Monthly () 01

Weekly () 02

Don't budget () 03

Other (specify):

() 04

D-6. Please estimate your total cash expenditures for your current budget year (or budget period indicated) (If current budget not available, use last year's.)

38

☐

Estimated Expenditures \$ 39/40/41/42/43/44/45

--	--	--	--	--	--	--

Is the budget period:

46/47

Weekly () 01

Bi-weekly () 02

Monthly () 03

Quarterly () 04

Semi-annual () 05

Annual () 06

Other (specify) () 07

CENTER.

48

D-7. Do you have a copy of your current program budget?

49/50

Yes () 01 → If yes, may we have a copy? (SKIP to Q. D-8)

No () 02 → If no, please estimate what amount of the total budget is allocated for the following items:

Estimated Amount51/52/53/54/55/56
\$ 59/60/61/62/63/64/
\$ 67/68/69/70/71/72
\$ Personnel Costs

Salaries and Wages

Fringe Benefits

Consultants and
Contracted ServicesBasis*

57/58

65/66

73/74

CARD 15Non-Personnel Costs8/9/10/11/12/13
\$ 16/17/18/19/20/21
\$ 24/25/26/27/28/29
\$ 32/33/34/35/36/37
\$

Food

Space

Travel

All other items

14/15

22/23

30/31

38/39

(Check total with amount recorded in D-6.)

* (INTERVIEWER: Specify for what period figures are given)

Weekly = 01

Bi-weekly = 02

Monthly = 03

Quarterly = 04

Semi-annual = 05

Annual = 06

Other = 07

A. If State/City/County Mentioned Above

11/12

Which agency funds you? _____

--	--

B. If Federal Government Mentioned Above

13/14

Which federal agency funds you? _____

--	--

15

D-10. Do you have a written fee schedule:

16/17

Yes () 01 → Skip to D-11

No () 02 If no, how do you determine fees?

18/19

(CHECK ONLY ONE)

Charge all families the same rate () 01

Work out rate with each family () 02

No charge for day care services () 03

Other: Specify () 04

20

D-11. What is the highest weekly fee you receive from parents for one full time child?

Specify Highest Weekly Fee \$

--	--	--

--	--

26

D-12. What is the lowest weekly fee you receive from parents for one full time child?

Specify Lowest Weekly Fee \$

--	--	--

--	--

31

D-13. Estimate what percent of your total cash expenses are covered by parent fees.

Estimated percentage \$

--	--	--

35

D-14. How many children enrolled are paid in full or in part by public welfare funds (AFDC, Title IVA, WIN)?

36/37/38

Specify Number

--	--	--

39

D-15. How much does welfare pay per week for a full time child?

Specify payment

--	--	--

--	--

CENTER

0
]

D-8. What is your greatest source of income? (PROBE: Where does the greatest part of your money come from? (WAIT FOR RESPONSE THEN ASK) What percent of your total budget is that? (CHECK ONLY ONE)

	Primary Source	Estimated %	
	41/42	43/44/45	
Parent Fees	() 01	<input type="text"/>	%
Public Welfare	() 02	<input type="text"/>	%
Community Action Agency	() 03	<input type="text"/>	%
Private Charitable Organization	() 04	<input type="text"/>	%
Church	() 05	<input type="text"/>	%
Employers	() 06	<input type="text"/>	%
State/City/County	() 07	<input type="text"/>	% → Ask A.
Federal Government	() 08	<input type="text"/>	% → Ask B.
Other: Specify	() 09	<input type="text"/>	%

]

D-9. What are your other important funding sources? What percent of your budget would you say that is? (CHECK ALL THAT APPLY)

	Other Sources	Estimated %	
		48/49	
Parent Fees	() 47	<input type="text"/>	%
		51/52	
Public Welfare	() 50	<input type="text"/>	%
		54/55	
Community Action Agency	() 53	<input type="text"/>	%
		57/58	
Private Charitable Organization	() 56	<input type="text"/>	%
		60/61	
Church	() 59	<input type="text"/>	%
		63/64	
Employers	() 62	<input type="text"/>	%
		66/67	
State/City/County	() 65	<input type="text"/>	% → Ask A.
		69/70	
Federal Government Title IV-A Funds	() 68	<input type="text"/>	% → Ask B.
		72/73	
USDA Foods	() 71	<input type="text"/>	% → Ask B.
		75/76	
Other Federal Funds	() 74	<input type="text"/>	% → Ask B.
		9/10	
Other (Specify)	() 3	<input type="text"/>	%

8
☐ D-16. What would happen to your center if inflation were to continue for some time? (PROBE. DO NOT READ LIST, CHECK ALL THAT APPLY)

Close Down () ☐ 45
 Increase Fund Raising () ☐ 46
 Increase Enrollment () ☐ 47
 Raise Fees () ☐ 48
 Lower Fees () ☐ 49
 Cut Back on Staff () ☒ 50
 No Salary Increase () ☐ 51
 Cut Back on Supplies () ☐ 52
 Nothing () ☐ 53
 Other: Specify () ☐ 54

55
☐ D-17. Are you familiar with the Federal Interagency Day Care Requirements?

☐ 56/57
 No () 02

Yes () 01 If yes, how do they affect the operation of your center? (CHECK ONLY ONE)

Not at all () ☐ 58/59 01

Used as guidelines () 02

Comply with some regulations () 03

Comply with all regulations () 04

Other: Specify () 05

LEAD TEACHER: CHILD ATTENDANCE

III. CLASSROOM INTERVIEW (LEAD TEACHER)

Take a few minutes to get acquainted. Ask about the day's activities. Stress the importance of the study's need to get an accurate picture of who is in the classroom and what they are doing. Ensure confidentiality.

Order of Information Collection

- 1) Classroom Roster IIIA - Enrollment
- 2) Classroom Roster IIIB - Enrollment Hours
- 3) Classroom Roster IIIC - Attendance Pattern and Activity Schedule
- 4) Staff Roster IV - Staff Schedules
- 5) Staff Roster IV - Volunteer Schedules
- 6) Staff Background Questionnaire V

OPENING STATEMENT

The purpose of a visit to your center at this time is to collect information essential to the final selection of centers for participation in the study.

Your director has indicated an interest in the study and is willing to have us visit the center and interview the staff.

Selected centers will be recommended by name to the Office of Child Development and center level data will be reported at that time. Any additional data generated during the study, however, will be identified by codes only.

Only center level data will be disclosed as described above. Under no circumstances will data on any individual be reported by name, either at this time or during the study.

If you are willing, I'd like to ask you some questions about your class enrollment and program, the work schedule you and your staff follows and your own work experience and educational background. Are you willing?

SUMMARY WORKSHEET

CLASS

Child Enrollment and Attendance Pattern (only
for classrooms with 3 and/or 4 year olds)

CARD 1

CLASS ID ^{8/9}

10

13

18

25

38

1. What is your total current classroom enrollment?
(include both full and part time children)

11/12

2. Of the children enrolled in your classroom how many are:

14/15

GIRLS

16/17

BOYS

TOTAL

19/20

BLACK

21/22

WHITE

23/24

OTHER

TOTAL

26/27

TWO

28/29

THREE

30/31

FOUR

32/33

FIVE

34/35

SIX

36/37

OTHER

TOTAL

39/40

TOTAL TO EQUAL SAME #

ENTER TOTAL NUMBER OF CLASSROOM STAFF RECORDED
ON WORKSHEET

333

5. INSTRUCTIONS FOR III-B AND III-C CLASSROOM ROSTER

- a. Insert total enrollment in lower left corner
- b. First ask: "How many children are enrolled five days/week?" Enter #.
- c. Then ask (if needed): Are there any children enrolled for fewer than 5 days/week. If any, enter #s.
- d. Then ask how many of the 5 day children are enrolled full-day. Then break down by more than 10 hours, 8 to 10 hours, 6 to 8 hours. Then for the remainder part-day 5 days/week, break down by 4 to 6 hours or less than four hours. Continue procedure for children, enrolled fewer than 5 days a week.

If any children are enrolled some days full-day and some days part-day, they should be entered in two places.

EXAMPLE: A child full-day for 2 days-week and part-day 3 days/week would go in the corresponding boxes.

Card 10

--	--

Card 1 Card 2

41

--

Hours in the Center

Enrolled	Total Enrollment	Full Day	More Than 10 Hrs./Day	From 8 to 10 Hrs./Day	From 6 to 8 Hrs./Day	Part Day	From 4 to 6 Hrs./Day	Less Than 4 Hrs./Day	Leave Blank
5 Days/Wk.			42/43	44/45	46/47		48/49	50/51	
4 Days/Wk.			52/53	54/55	56/57		58/59	60/61	
3 Days/Wk.			62/63	64/65	66/67		68/69	70/71	
2 Days/Wk.			72/73	74/75	76/77		10/11	12/13	
1 Day/Wk.			14/15	16/17	18/19		20/21	22/23	
6 Days/Wk.			24/25	26/27	28/29		30/31	32/33	
7 Days/Wk.			34/35	36/37	38/39		40/41	42/43	
Enter Total Enrollment From III A									Leave Blank

Card 2

310

III.C. TYPICAL DAILY ATTENDANCE PATTERN AND ACTIVITY SCHEDULE

Card 4

8/9

30

Class ID

Classroom Intact? _____ Yes _____ No

Comments: _____

44

Attendance Pattern

Activity Schedule

Time	No. of Children Arriving By		No. of Children Departing By	
6:00	45/46		47/48	
6:30	49/50		51/52	
7:00	53/54		55/56	
7:30	57/58		59/60	
8:00	61/62		63/64	
8:30	65/66		67/68	
9:00	69/70		71/72	
9:30	73/74		75/76	
10:00	10/11		12/13	
10:30	14/15		16/17	
11:00	18/19		20/21	
11:30	22/23		24/25	
12:00	26/27		28/29	
12:30	30/31		32/33	
1:00	34/35		36/37	
1:30	38/39		40/41	
2:00	42/43		44/45	
2:30	46/47		48/49	
3:00	50/51		52/53	
3:30	54/55		56/57	
4:00	58/59		60/61	
4:30	62/63		64/65	
5:00	66/67		68/69	
5:30	70/71		72/73	
6:00	74/75		76/77	
6:30	10/11		12/13	
7:00	14/15		16/17	
7:30	18/19		20/21	
8:00	22/23		24/25	
Later	26/27		28/29	

	Description	Total Time	Code
6:00		31	
6:30		32	
7:00		33	
7:30		34	
8:00		35	
8:30		36	
9:00		37	
9:30		38	
10:00		39	
10:30		40	
11:00		41	
11:30		42	
12:00		43	
12:30		44	
1:00		45	
1:30		46	
2:00		47	
2:30		48	
3:00		49	
3:30		50	
4:00		51	
4:30		52	
5:00		53	
5:30		54	
6:00		55	
6:30		56	
7:00		57	
7:30		58	
8:00		59	
Later		60	

Comments: _____

337

311

LEAD TEACHER: CLASSROOM STAFFING

IV.A and IV.B CLASSROOM ROSTER:

STAFF SCHEDULES

One staff schedule should be completed for each classroom with three, four or five year old children and should include all paid caregivers in the room. First, using the CLASSROOM STAFF WORKSHEET, assign an "S" (staff) or "V" (volunteer) number to identify staff members on the appropriate schedule, and record each caregiver by name, job title and status (paid or volunteer). Then enter the total number of hours worked per week and the actual schedule worked each day. (If all five days are the same, fill in only Monday). Using this information circle S or V and enter appropriate number and draw in each caregiver's schedule in the corresponding daily columns on the STAFF and VOLUNTEER SCHEDULES, noting any periods of one half hour or more during which the caregiver is not usually in the classroom. From this more detailed schedule, compute the number of hours per week that the caregiver is in the classroom and enter in the corresponding column on the worksheet. Please record any comments which may clarify the schedule.

THIS MUST BE DONE ACCURATELY AS THE WORKSHEET WILL BE DESTROYED.

PAID CLASSROOM STAFF

STAFF CODE #

ROSTER CODE

S1 (LEAD TEACHER) _____

S2 _____

S3 _____

S4 _____

S5 _____

S6 _____

REGULAR WEEKLY VOLUNTEERS

V1 _____

V2 _____

V3 _____

V4 _____

V5 _____

V6 _____

IV.A CLASSROOM ROSTER: STAFF SCHEDULES

Class 10 ☐

Monday

Tuesday

Wednesday

Thursday

Friday

Staff
Numbers

	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
6:00																			
7:00																			
8:00																			
9:00																			
10:00																			
11:00																			
12:00																			
1:00																			
2:00																			
3:00																			
4:00																			
5:00																			
6:00																			
7:00																			
8:00																			
9:00																			

Sub-Totals

☐

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☐

☐

☐

TOTAL

341

IV.B CLASSROOM ROSTER: VOLUNTEER SCHEDULES

Class ID

Monday

Tuesday

Wednesday

Thursday

Friday

Volunteer
Numbers

	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
6:00																			
7:00																			
8:00																			
9:00																			
10:00																			
11:00																			
12:00																			
1:00																			
2:00																			
3:00																			
4:00																			
5:00																			
6:00																			
7:00																			
8:00																			
9:00																			

Sub-Totals

TOTAL

Record summary comments here that will better explain any variations in regular weekly staff (paid or volunteer) after completing classroom rosters.

IV.C and IV.D STAFF WORKING PATTERNS

CODING INSTRUCTIONS

In order to do certain calculations and analyses, it is important also to record staff attendance data in a way which is comparable to the child attendance data. After the center visit, please fill in forms IV-C and IV-D, using the STAFF and VOLUNTEER SCHEDULES. First, record the current staff working hours as follows:

- 1) First, enter the total number of classroom staff at the bottom of form IV.C
- 2) Determine the number of staff who work either part or full time 5 days per week and enter in the appropriate box (column 2).
- 3) Enter the number of 5 day staff who work at least 6 hours a day in the full time column and the number who work less than 6 hours a day in the part time column.
- 4) Enter the number of full time staff who usually work more than 10 hours per day, then the number who work from 8 to 10 hours per day and from 6 to 8 hours per day. Similarly, record the part time staff who work 4 to 6 hours per day and less than 4 hours per day.
- 5) If any staff regularly work less than 5 days per week, record their usual working hours as above in the row which corresponds to the number of days per week worked.

After form IV-B has been completed, record the usual classroom coverage pattern on form V-B as follows:

- 1) Begin by recording the usual daily classroom schedule for those staff members who work 5 days per week. Record the number of staff arriving by 6:00 a.m., 6:30 a.m., 7:00 a.m., etc. Similarly, record the number of staff leaving the classroom in the appropriate half-hour interval. If any regular breaks of at least one half hour are scheduled during the day, record the number of staff exiting and re-entering the classroom at the corresponding times.
- 2) If there are staff who work fewer than 5 days per week, try to determine the work patterns which occur most frequently and record classroom coverage as above. Do not include staff who work only 1 or 2 days per week and whose usual work hours are not covered by another staff member during the remaining days. Do include staff who regularly work 3 or 4 days per week or whose classroom hours are usually covered by another staff member. In other words, try to record the typical staff classroom coverage pattern as recorded on the STAFF and VOLUNTEER SCHEDULES.

62
[]

Hours in the Center

WARD 5

ONE

Working	Total Number Working	Full Time	More than 10 hrs/days	From 8 to 10 hrs/days	From 6 to 8 hrs/days	Part Time	From 4 to 6 hrs/days	Less than 4 hrs/days	Leave blank
5 days/wk			63 64	65 66	67 68		69 70	71 72	
4 days/wk			73 74	75 76	77 78		79 80	81 82	
3 days/wk			83 84	85 86	87 88		89 90	91 92	
2 days/wk			93 94	95 96	97 98		99 100	101 102	
1 day/wk			103 104	105 106	107 108		109 110	111 112	
6 days/wk			113 114	115 116	117 118		119 120	121 122	
7 days/wk			123 124	125 126	127 128		129 130	131 132	
Enter Total Number Working from III.A									Leave Blank

Staff Classroom
Coverage PatternVolunteer Classroom
Coverage Pattern

	# Staff Arriving in Classroom	# Staff Departing from Classroom
6:00	68 69	70 71
6:30	72 73	74 75
7:00	76 77	10 11
7:30	12 13	14 15
8:00	16 17	18 19
8:30	20 21	22 23
9:00	24 25	26 27
9:30	28 29	30 31
10:00	32 33	34 35
10:30	36 37	38 39
11:00	40 41	42 43
11:30	44 45	46 47
12:00	48 49	50 51
12:30	52 53	54 55
1:00	56 57	58 59
1:30	60 61	62 63
2:00	64 65	66 67
2:30	68 69	70 71
3:00	72 73	74 75
3:30	76 77	10 11
4:00	12 13	14 15
4:30	16 17	18 19
5:00	20 21	22 23
5:30	24 25	26 27
6:00	28 29	30 31
6:30	32 33	34 35
7:00	36 37	38 39
7:30	40 41	42 43
8:00	44 45	46 47
Later	48 49	50 51

52

Comments

Total Staff Hours Per Week:

53 / 54 / 55 56 / 57

	# Volunteers Arriving in Classroom	# Volunteers Departing from Classroom
6:00	58 59	60 61
6:30	62 63	64 65
7:00	66 67	68 69
7:30	70 71	72 73
8:00	74 75	10 11
8:30	12 13	14 15
9:00	16 17	18 19
9:30	20 21	22 23
10:00	24 25	26 27
10:30	28 29	30 31
11:00	32 33	34 35
11:30	36 37	38 39
12:00	40 41	42 43
12:30	44 45	46 47
1:00	48 49	50 51
1:30	52 53	54 55
2:00	56 57	58 59
2:30	60 61	62 63
3:00	64 65	66 67
3:30	68 69	70 71
4:00	72 73	74 75
4:30	76 77	10 11
5:00	12 13	14 15
5:30	16 17	18 19
6:00	20 21	22 23
6:30	24 25	26 27
7:00	28 29	30 31
7:30	32 33	34 35
8:00	36 37	38 39
Later	40 41	42 43

44

Comments

Total Volunteer Hours Per Week:

45 / 46 / 47 48 / 49

350

321

STAFF BACKGROUND

351

322

V. STAFF BACKGROUND QUESTIONNAIRE

The Staff Background Questionnaire is to be completed by the Director and each caregiver who works with three, four or five year old children. The questionnaire should be administered during individual interviews with the classroom staff at the same time that staff schedules are completed.

STATEMENT OF CONFIDENTIALITY

The purpose of a visit to your center at this time is to collect information essential to the final selection of centers for participation in the study.

Your director has indicated an interest in the study and is willing to have us visit the center and interview the staff.

Selected centers will be recommended by name to the Office of Child Development and center level data will be reported at that time. Any additional data generated during the study, however, will be identified by codes only.

Only center level data will be disclosed as described above. Under no circumstances will data on any individual be reported by name, either at this time or during the study.

DATE _____

CARD 1

STAFF

INTERVIEWER _____

STAFF BACKGROUND QUESTIONNAIRE

STAFF ID 8/ 9/10/11/12/13/14/15

--	--	--	--	--	--	--	--

(FROM MASTER CODE SHEET)

CARD 1

16/ 17

Race: Black () 01
White () 02
Other () 03

18/ 19

Sex: M () 01
F () 02

20/ 21

Age: LT 20 () 01
20-29 () 02
30-39 () 03
40-49 () 04
50+ () 05

22

A. Day Care Experience

First we would like some information about your experience working in day care.

A-1. When did you start working on a paid basis in this center?

23/ 24

25/ 26

Starting Date _____ / _____
month year

353

324

--	--	--	--	--	--	--	--

27

☐

A-2. Have you held any other paid positions with this center?

28/ 29

No () 02 → SKIP to Question A-3.

Yes () 01 → If yes, what were those positions? → How long

(CHECK THE CATEGORIES THAT MOST CLOSELY APPLY)

you work in each position?
(ENTER THE NUMBER OF MONTHS WORKED IN EACH POSITION.)

<u>Position</u>		<u>Length of time</u>		<u>Indicate Simultaneous Positions*</u>
Director	()	30/31/32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	33 <input type="checkbox"/>
Other Administrator	()	34/35/36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	37 <input type="checkbox"/>
Lead Teacher	()	38/39/40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	41 <input type="checkbox"/>
Head Teacher	()	42/43/44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	45 <input type="checkbox"/>
Teacher	()	46/47/48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	49 <input type="checkbox"/>
Assistant Teacher	()	50/51/52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	53 <input type="checkbox"/>
Aide	()	54/55/56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	57 <input type="checkbox"/>
Support (clerical, maintenance, kitchen driver)	()	58/59/60 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	61 <input type="checkbox"/>
Specialist (nurse, parent coordinator, social worker, curriculum specialist, trainer)	()	62/63/64 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	65 <input type="checkbox"/>
Other: _____	()	66/67/68 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	()	69 <input type="checkbox"/>

354

*If there are more than two sets of simultaneous positions, please indicate which combinations of positions were held simultaneously. Do not fill in boxes.

STAFF ID 8/9/10/11/12/13/14/15

CARD 1/ CARD 2

STAFF

70

A-3. Have you previously worked on a paid basis in other day care centers?

71/72

No () 02 → SKIP to Question A-4.

Yes () 01 → If yes _____

a. In how many day care centers have you previously worked?

73/ 74

Specify number.

b. Excluding this center, overall how many months have you previously worked in other centers?

75/76/77

Specify total months

(Do not double count time in simultaneous experience)

ARD 2

A-4. Have you worked in any other preschool programs or early childhood education settings?

17/ 18

No () 02 → SKIP to Question 3-1

Yes () 01 → If yes _____

a. In what other preschool or educational settings have you worked?

(CHECK ALL THAT APPLY)

		Paid (Code 01)	or 20/ 21	Volunteer? (Code 02)
Head Start	() 19	()		()
Nursery School	() 22	()	23/ 24	()
K-1	() 25	()	26/ 27	()
Other Elementary Grades	() 28	()	29/ 30	()
Other: Specify	() 31	()	32/ 33	()

b. Overall, how many months have you worked in these settings?

Specify total months 34/35/36

(Do not double count time in simultaneous experience)

V-4

STAFF

37

A-5 What positions have you held in those centers and preschool programs? (CHECK ALL THAT APPLY)

How long altogether did you work in each position? (ENTER THE NUMBER OF MONTHS WORKED IN EACH POSITION).

<u>Position</u>		<u>Length of Time</u> (Do not double count time in simultaneous ex- perience)	<u>Indicate Simultaneous Positions *</u>				
Director	()	38/39/40 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				41 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
Other Administrator	()	42/43/44 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				45 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
Lead Teacher	()	46/47/48 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				49 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
Head Teacher	()	50/51/52 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				53 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
Teacher	()	54/55/56 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				57 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
Assistant Teacher	()	58/59/60 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				61 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
Aide	()	62/63/64 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				65 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
Support (clerical, maintenance, kitchen, driver)	()	66/67/68 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				69 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
Specialist (nurse, curriculum specialist, trainer, parent coordinator, social worker, etc.)	()	70/71/72 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				73 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	
Other: Specify	()	74/75/76 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				77 () <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>	

D.3

Total months experience before 16/17/18
Coming to this day care center:

--	--	--

(Should equal sum of months recorded in A-3 & A-4)

V-5

*If there are more than two sets of simultaneous positions, please indicate which combinations of positions were held simultaneously. Do not fill in boxes.

STAFF ID 8/9/10/11/12/13/14/15

CARD 3

STAFF

B. Educational Background

Next we would like to find out about your educational background.

B-1. How many years of schooling have you completed?

(CIRCLE THE LAST YEAR OF SCHOOL COMPLETED)

20/ 21

Elementary and High School 1 2 3 4 5 6 7 8 9 10 11 12

College 13 14 15 16

Graduate School 17 18 19 20+

B-2 What types of degrees have you obtained?

(CHECK ALL THAT APPLY)

High School Diploma () 23

GED () 24

Associate Degree () 25 Specialization 26/ 27

Bachelor's Degree () 28 Specialization 29/ 30

Master's Degree () 31 Specialization 32/ 33

Ph.D, Ed.D. or Equivalent () 34 Specialization 35/ 36

Other: Specify () 37

Specialization 38/ 39

B-3. Are you currently expecting to complete a degree?

41/ 42

No () 02 → SKIP to Question B-4

Yes () 01

a. Are you currently enrolled in a program?

43/ 44

No () 02

Yes () 01 → What is the expected date of completion?
Specify Month and Year

45/46 47/48

month year

357

STAFF ID

8/9/10/11/12/13/14/15

CARD 3

STAFF

b. What type of degree do you expect to obtain?

49/50

High School Diploma () 01

GED () 02

51/ 52

Associate Degree () 03 Specialization _____

Bachelor's Degree () 04 Specialization _____

Master's Degree () 05 Specialization _____

Ph.D, Ed.D. or Equivalent () 06 Specialization _____

Other: Specify

() 07 Specialization _____

53

B-4 Have you participated in supervised practice teaching, student internship, or field placements with children under seven years of age as part of your degree course work?

54/ 55

No () 02 → SKIP to Part C

Yes () 01 → If yes, how many supervised placements with children under seven have you completed?

56/57

Specify number

What was the duration of each placement?
 (ENTER THE NUMBER OF PLACEMENTS WITH
 CHILDREN UNDER SEVEN THAT APPLY TO THE
 CATEGORIES GIVEN BELOW)

Less than 1 month

58/59

1-3 months

60/61

4-6 months

62/63

More than 6 months

64/65

358

C. Courses, Workshops, and Special Training Programs

Next we would like to know about some of the courses, workshops, or special training programs that you have taken.

C-1. Have you taken any courses (credit or non-credit) related to day care or preschool programs?

66

☐

67/68

No () 02 → SKIP to Question C-3

Yes () 01 → If yes, how many courses have you taken?

Specify number 69/70

☐

C-2 Of the preschool-related courses you have taken, which one have you found most useful in your day care work? Please give us the course subject/content. (PROBE for a SECOND COURSE if appropriate)

71

☐

SUBJECT	Check One		DURATION		
	CREDIT	NON-CREDIT	Qtr.	Sem.	Year
	(Code 01	02)	(Code 01	02	03)
72/73	()	()	()	()	()
74/75	()	()	()	()	()
16/17	()	()	()	()	()
18/19	()	()	()	()	()

CARD 4

22

☐

C-3 Of the non-preschool courses you have taken (e.g. sociology, art, music, human development, languages, etc.) which one have you found most useful in your day care work? Please give the course subject/content. (PROBE for a SECOND COURSE if appropriate)

SUBJECT	Check One		DURATION		
	CREDIT	NON-CREDIT	Qtr.	Sem.	Year
	(Code 01	02)	(Code 01	02	03)
23/24	()	()	()	()	()
29/30	()	()	()	()	()
31/32	()	()	()	()	()

STAFF ID 8/ 9/10/11/12/13/14/15

CARD 4

STAFF

C-4 Have you completed any workshops or special training programs related to preschool or day care?

36/37

No () 02 → SKIP to Question D-i

Yes () 01 → If yes, how many workshops and training programs have you completed?

Specify number 38/39

C-5 Of all the workshops and training programs you have completed, which one have you found most useful in your day care work? (PROBE for a SECOND PROGRAM if appropriate).

SUBJECT

DURATION

GIVEN BY: Check One

43/44 45/46

_____ Days 01

_____ Weeks 02

_____ Months 03

41/42

47/48

Day Care Center ☐ 01

College ☐ 02

Community Agency ☐ 03

Other: _____ 04

51/52 53/52

_____ Days 01

_____ Weeks 02

_____ Months 03

49/50

55/56

Day Care Center ☐ 01

College ☐ 02

Community Agency ☐ 03

Other: _____ 04

360

331

57

D. Certification

Finally, we are interested in any educational certification which you may have received.

D-1 Have you obtained certification in any of the areas given below: (CHECK ALL THAT APPLY)
(READ LIST. CHECK ALL THAT APPLY)

By whom was it granted?
(CHECK ALL THAT APPLY)

		<u>State</u>	<u>College</u>	<u>Prof. Assoc.</u>	<u>Other Specify</u>
Early Childhood Education	() ⁵⁸ [58]	() ⁵⁹ [59]	() ⁶⁰ [60]	() ⁶¹ [61]	() ⁶² [62]
Preschool Education	() ⁶³ [63]	() ⁶⁴ [64]	() ⁶⁵ [65]	() ⁶⁶ [66]	() ⁶⁷ [67]
Nursery Practices	() ⁶⁸ [68]	() ⁶⁹ [69]	() ⁷⁰ [70]	() ⁷¹ [71]	() ⁷² [72]
Kindergarten	() ⁷³ [73]	() ⁷⁴ [74]	() ⁷⁵ [75]	() ⁷⁶ [76]	() ⁷⁷ [77]
Elementary Education	() ¹⁶ [16]	() ¹⁷ [17]	() ¹⁸ [18]	() ¹⁹ [19]	() ²⁰ [20]
Secondary Education	() ²¹ [21]	() ²² [22]	() ²³ [23]	() ²⁴ [24]	() ²⁵ [25]
Other: Specify:	() ²⁶ [26]	() ²⁷ [27]	() ²⁸ [28]	() ²⁹ [29]	() ³⁰ [30]

CARD 5